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ABSTRACT

This bibliography consists of an indexed collection of 230 references, with abstracts, to literature published between January 1990 and June 1991 on alcohol, tobacco, and other drug use among school-age youth in the United States, and what can be done to prevent or reduce use. The main focus is on research, specifically epidemiological surveys, investigations of risk factors, and prevention program evaluations. General discussions, literature reviews, and program descriptions were included if they seemed helpful in understanding the nature of the problem and developing programs to address it. Because of the dearth of information about program effectiveness, program evaluations from other English-speaking countries were also included. The bibliography lists documents with their abstracts alphabetically by author. The index follows, with entries for subjects and specific drugs discussed and type of document. Index terms indicate which designate population types and geographic areas refer to research or other literature which specifically discusses them. Author abstracts tend to be limited to a summary of the findings, saying little about implications for practice or further research. While this guide relies heavily on existing author abstracts, these abstracts were revised as necessary, based on examination of the study, to ensure thoroughness. It was also necessary to write many new abstracts for this bibliography. In developing this guide an extensive literature search was conducted through the major computerized databases (ETOH, DRUGINFO, ERIC) and expanded upon through manual searches of books, publishers' lists, and printed current awareness bibliographies. (ABL)

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Western Regional Center
DRUG -FREE SCHOOLS AND COMMUNITIES

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PREVENTION BIBLIOGRAPHY 1990-1991

An Annotated Guide to Information on Alcohol, Tobacco, and Other Drug Use Among Youth

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PREVENTION BIBLIOGRAPHY
1990-1991

An Annotated Guide to Information on Alcohol, Tobacco, and Other Drug Use Among Youth

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Gregory Austin
Robert G. Sieber
Southwest Regional Laboratory

Western Regional Center for Drug-Free Schools and Communities
September 1991

DIRECTOR'S NOTE

This is the first in a series of annual guides to the literature on alcohol, tobacco, and other drug use among American youth and its prevention. It is designed to assist in finding the latest information about this pressing social problem and the most effective strategies for eliminating it, as part of the ongoing efforts of Dr. Austin and the Western Regional Center to help relieve the persistent problem of "knowledge transfer" of research findings to prevention practitioners and the public. The literature on alcohol, tobacco, and other drug abuse is extensive and rapidly expanding. Furthermore, because alcohol, tobacco, and other drug research touches upon so many aspects of life and involves so many different interests and research disciplines, information about it is published in a wide variety of scholarly and popular journals. This situation makes it extremely difficult for people other than professional researchers (and even for many researchers) to keep abreast of the latest developments in the field. The problem is particularly pressing because there is often a major communication gap between prevention practitioners and alcohol and other drug researchers. In this bibliography, prevention practitioners can learn about the results of new research and evaluation, and researchers will also find gathered together information on new developments gathered from a wide variety of sources. This annual review will help alleviate these information problems by helping all concerned stay abreast of new developments.

Several people's assistance and cooperation made this guide possible. Special gratitude is due to Jerry Bailey and Kelly Andersen at the Southwest Regional Laboratory, Kathy Laws at the Northwest Regional Laboratory, and Gail Weinberg at Drug Information Services.

Judith A. Johnson, Director
Western Center for Drug-Free Schools and Communities

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INTRODUCTION

This bibliography consists of an indexed collection of 230 references, with abstracts, to literature published between January 1990 and June 1991 on alcohol, tobacco, and other drug use among school-age youth in the United States, and what can be done to prevent or reduce use. The main focus is on research—specifically, epidemiological surveys, investigations of risk factors, and prevention program evaluations. General discussions, literature reviews, and program descriptions were included if they seemed helpful to understanding the nature of the problem and to developing programs to address it. Because of the dearth of information about program effectiveness, program evaluations from other English-speaking countries were also included. The scope of this review is national but some emphasis was given to research dealing with the Western Regional Center's service area.

A concerted effort was made to identify studies dealing with special or at-risk populations, and it was found that much research is now being produced on such groups, particularly ethnic minorities. Still, a disproportionate amount of survey research seems to be performed on samples of middle-class whites, especially evaluation research. Several studies are notable for comparatively studying risk factors and protective factors in different ethnic groups; other studies have made helpful efforts to develop diverse survey samples to be representative of general populations.

The bibliography lists documents, with their abstracts, alphabetically by author (with references according to APA style). The index follows, with entries for subjects and specific drugs discussed, and type of document (Survey, Longitudinal survey, Discussion, Program evaluation, etc.). Index terms which designate population types (e.g., high school students, dropouts, Native Americans), and geographic areas (state names and some regional terms) refer to research or other literature which specifically discusses them. The index was developed using a revised version of the thesaurus originally created for *Substance Abuse Index and Abstracts*.[1]

Author abstracts tend to be limited to a summary of the findings saying little about implications for practice or further research. While this guide relies heavily on existing author abstracts, these abstracts were revised as necessary, based on examination of the study, to ensure

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[1]Austin, Gregory, Executive Editor. *Substance Abuse Index and Abstracts. Alcohol, Drug, and Tobacco Research, 1986-1987*. New York: Scientific DataLink, 1989. 5 vols.

thoroughness—especially in regard to implications for prevention practice. It was also necessary to write many new abstracts were written for this bibliography.

In developing this guide, an extensive literature search was conducted through the major computerized databases which contain drug literature, particularly ETOH, produced by the National Institute on Alcohol Abuse and Alcoholism, and DRUGINFO, produced by the University of Minnesota's Drug Information Services. The ERIC database was also extremely valuable. The body of research identified in this manner was expanded by manual searches through books, publishers' lists, and printed current awareness bibliographies—this was very important given the time-lag in updating the databases. The sources available through the National Clearinghouse for Drug and Alcohol Information were particularly valuable.

BIBLIOGRAPHY

1 Alexander, B. (1991, February). **Alcohol abuse in adolescents.** *American Family Physician, 43*(2), 527-532.

Alcohol abuse among teenagers is an increasing problem with serious physical and social consequences. Early diagnosis of adolescent alcoholism may be delayed for two reasons: the physical indicators of alcohol abuse seen in adults are often not identifiable in teenagers, and alcoholism is generally believed to be an adult problem. If the history is taken carefully, with respect and confidentiality, it can help the family physician determine the extent of a young person's alcohol abuse and begin the process of treatment for both the adolescent patient and the family.

2 Alford, G. S., Koehler, R. A., & Leonard, J. (1991). **Alcoholics Anonymous-Narcotics Anonymous model inpatient treatment of chemically dependent adolescents: A 2-year outcome study.** *Journal of Studies on Alcohol, 52*(2), 118-126.

Many hospital and residential chemical dependency treatment facilities utilize Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) principles and practices in therapeutic programming. Although well-known and broadly endorsed and supported, such AA/NA approaches have received little research attention especially in regard to chemically dependent adolescents. The present study examined chemical usage and social-civil-productive functioning in 157 male and female chemically dependent adolescents at 6, 12, and 24 months after leaving an AA/NA-based treatment program. Results revealed that both treatment completers and non-completers (those who left treatment prematurely against professional/medical advice) demonstrated less chemical use after their respective hospitalizations than before. Although significantly higher percentages of both male and female treatment completers than non-completers were found abstinent/essentially abstinent at 6 months post discharge; abstinence rates, particularly for male subjects, declined sharply by 1 and 2 years after treatment. These significant drops in abstinence rates in the two years after leaving treatment, particularly for male subjects, and significant non-completion rates, indicate that while the AA/NA model is a promising approach in treating chemically dependent adolescents, much attention to relapse prevention methods is necessary.

3 Allison, K. R., Silverman, G., & Dignam, C. (1990). **Effects on students of teacher training in use of a drug education curriculum.** *Journal of Drug Education, 20*(1), 31-46.

The effects were examined of differential teacher training in delivery of a drug education curriculum on grade five students' knowledge levels, problem-solving and coping skills, attitudes towards planned decision making, behavioral intentions, and tobacco and alcohol use. An experimental design was used to compare the effects of exposure to teachers who had either fifteen hours of intensive staff development (n=12), one-half hour of in-service training (n=16), or no training (n=15). The findings indicate a statistically significant difference between groups of students on the intention to drink alcohol. Tested students (n=70) whose

teachers had intensive staff development were less likely to intend to take a drink if offered than tested students (n=147)whose teachers had in-service or no training. Possible reasons for a lack of significant results on other variables are the confounding influences of school, classroom, and teacher effects.

4. Ambtman, R., Madak, P., Koss, D., & Strople, M. J. (1990). **Evaluation of a comprehensive elementary school curriculum based drug education program.** *Journal of Drug Education, 20*(3), 199-225.

The effectiveness of a chemical abuse prevention education program for grades two through six, in use throughout the Canadian province of Manitoba, was evaluated in two separate studies. Study 1 measured students' scores on a test before and after exposure to the program, with 1101 experimental and 991 control subjects in a quasi-experimental design. Study 2 surveyed 500 elementary school teachers on their opinions and practices regarding drug education, and on the prevalence of the program in schools. The study found that: (1) students had a high initial knowledge level; (2) students showed modest but statistically significant knowledge gains for urban schools and grades three, four, and five of rural schools; (3) the program was most effective with students with low base knowledge; (4) an estimated 20 to 30 percent of Manitoba elementary teachers had been in-serviced and/or were using the program across the province; and (5) the program was well-received among teachers.

5 Arkin, E. B., & Funkhouser, J. E. (Eds.). (1990). ***Communicating about alcohol and other drugs: Strategies for reaching populations at risk.*** OSAP prevention monograph 5. (DHHS Publication No. ADM 90-1665). Washington, DC: U.S. Government Printing Office.

A foundation is provided for programs to prevent alcohol and other drug problems in youth at higher risk. At-risk audiences are defined, with summaries of knowledge about the characteristics, knowledge, attitudes, and practices of these audiences, as well as suggestions for appropriate programs for these audiences. The following audiences are addressed: youth from high-risk environments and their families; Black children, Hispanic youth, parents of at-risk youth, and primary-care physicians. working with intermediary groups to reach the target audience is also discussed.

6 Atkin, C. K. (1990). **Effects of televised alcohol messages on teenage drinking patterns.** *Journal of Adolescent Health Care, 11*, 10-24.

Theoretical perspectives applicable to the effects of television drinking portrayals on adolescent audiences are reviewed, focusing on the influence of beer and wine advertising, and entertainment depictions of drinking behavior. A critical review of survey research indicates that alcohol commercials contribute to a modest increase in overall consumption by teenagers and may have a slight impact on alcohol misuse and drunk driving. There are no studies measuring the effects of entertainment programming on adolescents, but content analyses suggest the potential for increased pro-drinking attitudes and behaviors. Policy implications for addressing the deleterious effects of televised drinking are discussed, and priorities for future research are identified.

7 Austin, G., & Prendergast, M. (1991, December). ***Young children of substance abusers.*** Prevention research update 8. Portland, OR: Western Regional Center for Drug-Free Schools and Communities.

Recent research on school-aged children of substance abusers, and the risks they face for substance abuse and other problems,is reviewed, along with discussion of the growing movement in schools and communities to provide services to meet their multiple needs. Much more is known about children of alcoholics than about children whose parents are dependent on other drugs. Children of all substance abusers not only have a higher risk of becoming abusers of alcohol or other drugs, but also exhibit more cognitive, behavioral, and emotional problems than other children. Despite these risks, not all children of substance abusers, and not all develop learning problems. For some children certain protective factors seem to reduce their vulnerability to these problems. Understanding these sources of resilience is as important as examining the risks they face.

8 Bachman, J., Wallace, J., & Kurth, C. (1991). **Drug use among Black, White, Hispanic, Native American, and Asian-American high school seniors (1976-1989): Prevalence, trends, and correlates. Monitoring the Future Occasional Paper 30.** Ann Arbor, MI, Institute for Social Research, University of Michigan.

Data from the national high school seniors drug survey, from 1976 through 1989, were analyzed in regard to differences in alcohol, tobacco, and other drug use among the five major U.S. ethnic groups. See also (9).

9 Bachman, J. G., Wallace, J. M., O'Malley, P. M., Johnston, L. D., Kurth, C. L., & Neighbors, H. W. (1991, March). **Racial/ethnic differences in smoking, drinking, and illicit drug use among American high school seniors, 1976-89.** *American Journal of Public Health, 81*(3), 372-377.

Questionnaire data were used from annual, nationally representative surveys of drug use among high school seniors from 1976 through 1989 to examine racial or ethnic differences in alcohol and other drug use. The combined sample was nearly 207,000. Native Americans had the highest prevalence rates for use of cigarettes, alcohol, and most illicit drugs. Asian Americans had the lowest prevalence rates, and Black students had rates nearly as low except for marijuana. Prevalence rates for Hispanic groups were mostly in the intermediate range except for relatively high cocaine use among the males. Trend patterns for most forms of drug use were similar across subgroups, although cigarette use declined more sharply for Black than White seniors, resulting in greater Black-White differences in recent years. The present study, in line with others, showed relatively low levels of drug use by non-White youth. Multivariate analyses indicated that subgroup differences in high school seniors' drug use are not primarily attributable to family composition, parents' education, region, or urban-rural distinctions.

10 Bagnall, G. (1990). **Alcohol education for 13 year olds—does it work? Results from a controlled evaluation.** *British Journal of Addiction, 85*(1), 89-96.

A controlled prospective evaluation was conducted on the effectiveness of a school-based alcohol education package for 13 year olds. The research had three phases: (1) baseline survey of alcohol-related knowledge, attitudes and behavior; (2) development and teaching of a short alcohol education package; and (3) follow-up survey. The results indicate that the students who received the alcohol education knew more about alcohol than the controls. In addition, the educational intervention was found to have influenced the self-reported last consumption of alcohol and maximum consumption, with the "educated" youngsters generally exhibiting more restrained behavior. There has been little scientific evidence that past alcohol education has been effective in changing young people's drinking behavior. The outcome of this research reinforces some recent studies which suggest the way forward may lie in an educational approach which takes account of social influences on substance use and misuse.

11 Barnes, G. M. (1990). **Impact of the family on family drinking problems.** In R. L. Collins, K. E. Leonard, & J. S. Searless (Eds.), *Alcohol and the Family: Research and Clinical Perspectives*, (pp. 137- 161). New York: The Guilford Press.

Recent research on family factors influencing the development of adolescent drinking behavior is reviewed, covering patterns of adolescent alcohol use and abuse, the relationship of these patterns to other problem behaviors, and family socio-demographic factors influencing adolescent drinking. Family structural factors related to adolescent drinking are also described, including the impact of one-parent versus two-parent families, family size, sibling spacing, and birth order. Parental socialization factors associated with adolescent drinking, as well as the role of parents as models for developing adolescent drinking behavior and the role of parental support and control attempts are examined. Other factors associated with adolescent drinking are considered, including peer socialization factors and sibling influences. Suggested avenues for further research on familial impact of adolescent drinking are presented, including general population studies of adolescents and their families, parallel studies of general population families and alcoholic families, and longitudinal studies.

12 Bates, M. E., & Tracy, J. I. (1990). **Cognitive functioning in young "social drinkers": Is there impairment to detect?** *Journal of Abnormal Psychology, 99*(3), 242-249.

Literature on the cognitive effects of nonexcessive alcohol use suggests that relatively high-quantity-per-occasion use may be related to subsequent decreases in sober-state abstracting skills in adults, but provides no clear prediction for youth. The need to identify persistent alcohol-intake effects on cognition is particularly acute for the period of adolescence and young adulthood because even slight damage may impair developmentally significant skills. The relations between multiple measures of neuro-psychological status and both continuous and categorical measures of alcohol-use patterns in age- and sex-stratified sample of 1380 18-, 21-, and 24-year-olds are examined. The results of correlational and hierarchical regression analyses suggest that cognitive performance bears little direct relation to drinking behaviors in young non-clinical males and females. Although the data provide no strong support for the

hypothesis of a causal relationship between alcohol use and cognitive functioning, there is a slight suggestion that frequent high-quantity consumption may become a salient parameter of use as subjects grow older. Prospective longitudinal data are needed to explore the directional causality of effects.

13 Battaglia, J., Coverdale, J. H., & Bushong, C. P. (1990). **Evaluation of a Mental Illness Awareness Week program in public schools.** *American Journal of Psychiatry, 147*(3), 324-329.

The impact of a Mental Illness Awareness Week program on the attitudes of adolescents in a public school is evaluated. Most students involved in the program liked it and indicated that they were interested in learning more about mental health topics. Students in the program showed more favorable attitudes toward seeking help and toward psychiatrists than a comparison group of students who did not participate in the program. Participating students most frequently selected drugs (31%), suicide (19.5%), alcohol (15%), depression (14.5%), and stress (14.5%) as topics they wanted to hear more about. Evidence for enduring effects of the program is discussed. The results support continued development of Mental Illness Awareness Week programs for adolescents in the public schools.

14 Bauman, K. E., Foshee, V. A., Linzer, M. A., & Koch, G. G. (1990). **Effect of parental smoking classification on the association between parental and adolescent smoking.** *Addictive Behaviors, 15*(5), 413-422.

Prior studies of the relationship between smoking by parents and their children have considered only current smoking by parents. In this study of 12- to 14-year-old adolescents, however, lifetime parental smoking was more strongly correlated with adolescent smoking than was current parental smoking. Indeed, lifetime parental smoking was as strongly correlated as peer smoking with adolescent smoking, and peer smoking is often considered to be the main determinant of adolescent smoking. These findings suggest that the relative role of parent smoking in adolescent smoking has been underestimated, and that new explanations for the association between parental and adolescent smoking are necessary.

15 Beck, K. H. (1990). **Monitoring parent concerns about teenage drinking and driving: A random digit dial telephone survey.** *American Journal of Drug and Alcohol Abuse, 16*(1/2), 109-124.

A random telephone survey was conducted in a suburban community in the Washington, DC, metropolitan area to assess the perceptions of parents about teenage drinking and driving. A total of 807 completed interviews were conducted. The results indicated that while most parents viewed teen drinking (69 percent) and drinking and driving (65 percent) to be prevalent, relatively few seem to be engaging in behaviors likely to affect its prevalence. Thirty-two percent said they never discuss drinking and driving with their children, and over 65 percent said they never talk to other parents about how to talk to their children about drinking and driving, nor have any interest in doing so. Although slightly more than half said they had family policies concerning drinking, less than 20 percent said there were penalties for violating these policies. Over 70 percent expressed their willingness to watch a special show on TV about how parents can talk to their children about alcohol. Parents of teenagers appear to be far more likely to think that their teen's friends drink and drive (36 percent) than they are

to think that their teen drinks and drive (10 percent). Results indicate a significant lack in parents' awareness of teen drinking and a denial of their own teens' involvement in it.

16 Beck, K. H., & Summons, T. G. (1990, March). **Sources of information about drugs and alcohol for Black and White suburban high school students.** *Health Education, 21*(2), 20-24, 49.

An anonymous survey questionnaire was administered in school to over 1,100 White and close to 400 Black middle-class, suburban high school students. Students were questioned about sources of information and influence about drugs and alcohol. Results revealed that while both ethnic groups rated the mass media as their best source of information, Whites were more likely to report this than Blacks. Blacks reported more frequently than Whites that they would go to their family if they had a question about alcohol or drugs, or if they thought they had a problem with and needed help with a drug problem; and would most likely believe their family if they were told that they had a problem with alcohol or drugs. Whites were more likely to use their friends for these sources of information. Results support the view that information from within the family tends to ameliorate alcohol and other drug abuse, and where this tendency is stronger (i.e. among black families), the benefits also increase. Parental empowerment in Black families is very promising for avoidance of alcohol and other drug problems: it is suggested that educators capitalize on this promise for Blacks and other ethnic minorities in program development. However, it is granted that such programs have only rarely been evaluated in terms of ultimate results, that is, actual reduction in substance use by the children of parents exposed to training programs.

17 Benard, B. (1990, December). ***The case for peers***. Portland, OR: Western Regional Center for Drug-Free Schools and Communities.

It is argued that in order to reduce adolescents' problems with alcohol and other drug abuse, teen pregnancy, and dropping out of school, it is necessary to reduce the alienation many youth feel from their families, schools, and communities. This alienation can be reduced when children and youth are given opportunities to experience themselves as resources, rather than as problems. It is suggested that adoption of a peer resource model of education, with schools and classrooms be restructured so that form early childhood youth have ongoing opportunities to be resources to one another, in drug education and across the curriculum. The key to creating effective peer resource programming is the development of cooperative structures and relationships at all levels within a school, creating a school-wide ethos of cooperation, caring, mutual respect, and participation.

18 Benard, B. (1991, August). ***Fostering resiliency in kids: Protective factors in the family, school, and community***. Portland, OR: Western Regional Center for Drug-Free Schools and Communities.

The argument is made that the challenge of the 1990s is the implementation of prevention strategies that strengthen the protective factors—those traits, conditions, and situations that can alter and possibly even reverse risks. A brief review of the research literature identifies the following personality traits of resilient children: social competence, problem-solving skills, autonomy, and a sense of purpose and future. The environmental characteristics of families, schools, and communities that facilitate the development of resiliency in children and youth: (1)

caring and support; (2) high expectations; and (3) opportunities to participate. The implication for prevention programming is that all youth must be provided with such environments. Suggested strategies include: peer-helping, cooperative learning, mentoring, and other intergenerational programs, and emphasis on attitude change rather than behavioral change—systems based on reciprocity, sharing, and caring, rather than control.

19 Benard, B. (1991, April). ***Moving toward a "just and vital culture": Muticulturalism in our schools***. Portland, OR: Western Regional Center for Drug-Free Schools and Communities.

It is asserted that in order to address the issue of substance abuse in ethnic minority populations, it is necessary to confront the underlying racism in our society. To create a society that values and nourishes its cultural diversity, it is vital to foster for children environments which are respectful of difference and maintain high expectations for all children. An approach is suggested for culturally transforming the school, the primary arena in which children are socialized, so that the celebration of diversity is a central organizational principle. Achieving this transformation requires: (1) active community involvement, including ethnic minority groups; (2) establishment of school policy affirming human diversity, validating the history and culture of all ethnic groups, and encouraging all students' active participation in the school; (3) redistribution of power and authority so that all teachers and all youth have opportunities to cooperate, to make decisions, to engage in socially-validated activities, and to be responsible; (4) high expectations for minority children and youth, conveyed by messages that they are capable of learning, and that they must learn to succeed; and (5) infusing multicultural content throughout the curriculum, validating and teaching several languages, and hiring ethnic-minority teachers and teachers with second-language competency. All youth must be given opportunities to celebrate their respective cultures as well as to experience academic success.

20 Benard, B., Fafoglia, B., & McDonald, M. (1991). **Effective substance abuse prevention: School social workers as catalysts for change.** *A Journal for Social Workers in Schools from the National Association of Social Workers, 13*(2), 90-104.

This article describes trends and problem indicators relating to the rapidly increasing population of youths at risk for educational failure who will, in turn, fail in the labor market. Schools and other social institutions-the family, the community, the media, and the state and federal governments-have failed to socialize and integrate youths. In response to this failure, the authors challenge all community systems to address the multitude of social problems facing youths by collaborating to develop comprehensive, coordinated health education programs including substance abuse prevention efforts at the community, state, and federal levels. Components of effective prevention efforts, conclusions from model prevention programs, and implication for social workers in school settings are discussed.

21 Benson, P. (1990). **Help seeking for alcohol and drug problems: To whom do adolescents turn?** *Journal of Adolescent Chemical Dependency, 1*(1), 83-94.

In order to understand adolescents' preferred sources of social support after having problems with, or questions about, alcohol and drugs, survey results from a state-wide study of Minnesota's 8th, 10th, and 12th grade students were examined. From a list of seven possible resources, students most frequently selected the adult friend category, followed by parent or guardian. With selection of parent or guardian treated as a binary variable, main effects are found for grade, sex, and socio-economic status. No effect for race was found. When using the adult friend category as a binary measure, main effects are found for grade, sex, and race. No effect for socio-economic status is found. Evidence indicates that parents and friends have important potential in prevention strategies. At critical moments, parents and adult friends are adolescents' resource of choice. Further research is indicated to define "adult friend."

22 Berdiansky, H. (1991). **Beliefs about drugs and use among early adolescents.** *Journal of Alcohol and Drug Education, 36*(3), 26-35.

3,502 students, from grades 6-8 in schools in and near Raleigh, North Carolina, completed two questionnaires, one covering socio-demographic characteristics and actual alcohol and other drug use, and one asking about attitudes and knowledge about alcohol and other drug use. The results corroborated the idea that adolescents' beliefs about dangers and health risks of specific substances correspond to lower usage rates for those substances. But the kinds of information that is usually taught to early adolescents—emphasizing long-term effects and the risks of harder drugs—does not correspond to abstinence. What do produce this correspondence are beliefs about the immediate negative consequences of alcohol and other drug use, such as school sanctions, risk of getting caught, financial costs, the presence of poisons in marijuana, and cosmetic problems like bad breath.

23 Berman, A. L., & Schwartz, R. H. (1990, March). **Suicide attempts among adolescent drug users.** *American Journal Disease of Children, 144*(3), 310-314.

Substance use has been identified as a significant risk factor in nonfatal and fatal suicides during adolescence. A comprehensive questionnaire on patterns of alcohol and other drug use, early childhood and nuclear family psychological and behavioral history, and previous suicidal attempts was completed by 298 (88%) of 340 outpatient adolescent substance abusers in three geographic regions east of the Mississippi River. An abbreviated Beck Depression Inventory was included to ascertain current symptoms of depressed mood. Adolescents admitting to a previous suicide attempt (30%) were compared with two age- and sex-matched samples. Substance abusers were three times as likely as a normative population of non-drug-using age- and sex-matched peers to make a suicide attempt. Thirty-three percent of attempts recorded occurred prior to high school. Both the wish to hurt oneself and actual suicide attempts were found to increase significantly after the initiation of substance use. 40% used drugs within 8 hours before the suicide attempt, and 23% of attempters reported that their families continued to have a firearm with ammunition in the home following the suicide attempt. Adolescent substance abusers who had attempted suicide were significantly more likely than a matched group of non-attempters in the same drug treatment facility to: (1) complain of usually feeling "blue" or sad (depressed affect) during early childhood; (2) identify important childhood

behavioral problems; (3) identify long-standing self-perceived impaired self-concept; and (4) identify serious parental problems, such as chronic depression or alcoholism. Self-perceived chronic loneliness in childhood appears to be a singularly important initiator of adolescent drug use and subsequent suicide attempts among drug users.

24 Bickel, A., & Ertle, V. (1991, February). ***Parenting skills curricula: A descriptive guide.*** Portland, OR: Western Regional Center for Drug-Free Schools and Communities.

In order to aid in selection of a parent education curricular program, skill building programs for parents, relevant for K-12 comprehensive alcohol and other drug preventions intervention programs, are described. Information is provided on each program's format, content, intended audience, required training for facilities, and available materials.

25 Blau, G. M. (1990). ***Drug and alcohol use prevention: Utility and effectiveness with rural fifth-grade students.*** (Unpublished doctoral dissertation, Auburn University, Montgomery, AL). *Dissertation Abstracts International, 50*(8), 2426-A.

The purpose of this investigation was to determine the short-and long-term effectiveness of drug and alcohol use prevention programs with rural 5th-grade students classrooms (approximately 115 children) from Pike County, Alabama, were randomly assigned to one of five treatment conditions. These conditions were a no-treatment group, a placebo discussion group, a drug and alcohol education group, an assertiveness training group, and an interpersonal problem-solving group. The eight sessions for these programs (with the exception of the non-treatment group) were held once a week for one-hour. Pre-test scores were obtained one week prior to the start of the first session, post-test scores were obtained three weeks after the completion of the final session, and follow-up scores were obtained one-year after the completion of the final session. The short-and long-term effectiveness of these interventions were compared by using hierarchical regression analyses and analyses of variance. The results for the short-term evaluation indicated that all programs reduced children's likelihood to use drugs compared to the control procedures.

26 Botvin, G. J., Baker, E., Filazzola, A. D., & Botvin, E. M. (1990). **Cognitive-behavioral approach to substance abuse prevention: One- year follow-up.** *Addictive Behaviors, 15*(1), 47-63.

A one-year follow-up evaluation study tested the effectiveness of a cognitive-behavioral substance abuse prevention approach which emphasizes the teaching of social resistance skills within the larger context of an intervention designed to enhance general social and personal competence. The follow-up study involved 998 8th graders from 10 suburban New York junior high schools. Two schools were assigned to each of the following conditions: (1) peer-led intervention, (2) peer-led intervention with booster sessions, (3) teacher-led intervention, (4) teacher-led intervention with booster sessions, and (5) control. The original intervention was implemented in the 7th grade; the booster intervention was implemented during the 8th grade. Results indicate that this type of prevention strategy, when implemented by peer leaders in the 7th grade and when additional booster sessions are provided during the 8th grade, can reduce tobacco, alcohol, and marijuana use. Similar effects were evident for females when the

prevention program was implemented with fidelity by classroom teachers. Moreover, the prevention program is also capable of producing a significant impact on several hypothesized mediating variables.

27 Bourgeois, R. M. ***Developing a peer assisted substance abuse program for early adolescents***. Unpublished doctoral dissertation, Nova University, Ed. D.

Alcohol and drug abuse were viewed as a clear way of demonstrating personal or social sophistication by students in a Canadian secondary school. Neither the school nor the local community had developed a strategy for dealing with the problem of substance abuse among the students. A program was designed to reduce the level of alcohol and drug abuse among early adolescents. The major objectives were (1) to foster a greater sense of personal causation in the lives of the students; (2) to teach specific decision-making skills; (3) to develop student-created models for healthy lifestyles; (4) and to have students identify a personal reduction in substance abuse as a result of participation in the program. Needs assessment surveys were developed and administered to students and to the school's Peer Helpers. Results were analyzed and possible solutions were examined. Among the proposed solutions was the use of a multi-faceted approach which took into account the needs of the individual adolescent, the peer group, and the family. The solution chosen utilized strategies designed to increase the self-esteem and sense of personal control of each participant. Results of the program were mixed. Analysis of the data showed that a large number of participants surveyed reduced their personal level of alcohol and drug use, but not as many as expected.

28 Bowen, D. J., Dahl, K., Mann, S. L., & Peterson, A. V. (1991). **Descriptors of early triers**. *Addictive Behaviors, 16*(3/4), 95-101.

The onset of smoking behavior in adolescents has been described as a process, beginning when children are young. Little empirical evidence is available, however, on the nature and specifics of the onset process in young children. More information is needed about the early stage of smoking onset in order to design interventions for young children and early triers. The purpose of the present study was to describe several onset related variables in young girls and boys and to discuss implications for designing prevention interventions that target young children. A total of 1,663 5th-grade students completed a questionnaire assessing smoking behavior, psychosocial characteristics, and perceptions of a smoker image. Saliva samples for cotinine analysis were also collected. Students were classified as either never-triers or early-triers on the basis of self-reported smoking. Most students who had tried a cigarette were in the early stages of smoking onset, because approximately 30 had tried one cigarette and less than 10 had tried a second. Triers versus never-triers differed on their reported images of smokers, and several psychosocial characteristics predicted trying a cigarette and intentions to smoke for boys.

29 Brannock, J. C., Schandler, S. L., & Oncley, P. R. (1990). **Cross cultural and cognitive factors examined in groups of adolescent drinkers**. *Journal of Drug Issues, 20*(3), 427-442.

The purpose of this study was to examine the relationship between ethnicity, cognitive level, gender, drug use, and adolescent alcohol abuse. A sample of 194 White, Black and Hispanic

students from two high schools and one college participated in the study. Whites reported drinking more often; using alcohol more often to relieve tension, and experiencing more peer influence to drink than Blacks or Hispanics. There was a significant correlation between cognitive development and degree of alcohol abuse for females, but not for males. There was no difference between high school seniors and college freshmen on drinking behavior or drinking due to stress, but there were differences between these students and high school freshmen. Peer pressure to drink was significantly greater for high school seniors than for college freshmen. Results indicate that High school seniors and college freshmen use alcohol to relieve stress associated with critical decision-making points in their lives. Treatment should include teaching constructive coping techniques, leading to building self-confidence in the clients: findings indicate that therapists must consider in treatment the individual needs of each adolescent.

30 Brownson, R. C., Dilorenzo, T. M., Van Tiunen, M., & Finger, W. W. (1990). **Patterns of cigarette and smokeless tobacco use among children and adolescents.** *Preventive Medicine, 19*, 170-180.

Although cigarette and smokeless tobacco use are recognized as major problems among school aged youth, few nationwide or state-wide data exist on the prevalence and patterns of use. To determine the patterns of tobacco use among children and adolescents in Missouri, self-report information was obtained from a representative sample of 5,431 students in grades 5, 8, and 12. Both cigarette smoking and smokeless tobacco use were more common among males than females for each grade level except the 12th, where 30 of females and 28 of males had smoked during the previous week. Smoking prevalence was considerably lower among Blacks than Whites. smokeless tobacco use was rare among both Blacks and females. Smokeless tobacco use was more common than cigarette smoking in rural areas, where 17 of 8th-grade males and 31 of 12th-grade males had used smokeless tobacco during the previous week. The mean age at first use of cigarettes was slightly lower in the rural than urban area, whereas the mean age of initial smokeless tobacco use was more than a year earlier in the rural area. Data regarding the perceived difficulty of quitting smoking and quit rates suggested that adolescent females have more difficulty quitting smoking than males. Male smokeless tobacco users appeared to be more addicted than male cigarette smokers. Smokeless tobacco brand preference indicated that users may switch to progressively stronger types of smokeless tobacco as they get older and a nicotine tolerance is developed. The current study emphasizes the urgent need for carefully targeted tobacco prevention and cessation efforts among school age youth.

31 Brubaker, R., & Mitby, S. (1990). **Health risk warning labels on smokeless tobacco products: Are they effective?** *Addictive Behaviors, 15*(2), 115-118.

An investigation was made into the attention adolescents pay to the health-risk warnings placed on smokeless tobacco products and the impact these warnings have on their intentions to use such products. The subjects (86 males and 106 females, aged 14-18, students in a university-affiliated public school in a rural community) viewed black-and-white illustrations of five consumer products, including a can of oral snuff and a pouch of chewing tobacco displaying either one of the three required health warnings or no warning, and then indicated via questionnaire the likelihood that they would use each of these products. Fewer than half of the subjects (43.4%) exposed to the warnings recalled seeing them, and less than a third of those who saw the warnings (32.2%) recalled the content of the message. Males were significantly better than females at recalling the content. A series of 2x4 (Sex x Warning label) ANOVAs

revealed that the warning label had no significant effect on subjects' ratings of whether they would use smokeless tobacco in the future. These results question the effectiveness of the warning labels for discouraging adolescent smokeless tobacco use.

32 Bruvold, W. H. (1990). **Meta-analysis of the California school-based risk reduction program.** *Journal of Drug Education, 20*(2), 139-152.

Prominent non-quantitative reviews or research evaluating school-based interventions designed to deter adolescents from the use of tobacco, alcohol, and other drugs found the methodology to be flawed; thus little evidence existed that the interventions had the desired impact. Recent meta-analytic reviews indicate that information-focused interventions have more impact upon knowledge but less upon attitudes and behavior, while developmental approaches have more impact on attitudes and thus hold more promise for actually deterring drug use. This result was replicated by a meta-analysis performed upon eight risk-reduction programs meeting six standard methodological requirements for evaluation research.

33 Bucholz, K. K. (1990). **Review of correlates of alcohol use and alcohol problems in adolescence.** In M. Galanter (Ed.), *Recent Developments in Alcoholism, Volume 8: Combined Alcohol and Other Drug Dependence*, (pp. 111-123). New York: Plenum Press.

The literature on correlates of adolescent alcohol use has generally identified similar correlates, despite differences in types of populations studied, definitions of both alcohol use and potential correlates, and time periods over which use is assessed. Still at issue, however, is the relative importance of each correlate. The principal findings from recent literature about demographic, social, and psychiatric correlates of adolescent alcohol use are summarized. Given that part of an effective national antidrug policy will be curbing society's appetite for drugs, which begins in adolescence and in which alcohol plays a large role, it is a propitious time to call for more intensive inquiry into the mechanisms underlying the above-identified correlates of adolescent alcohol use. Among the correlates discussed are demographic factors, including age, gender, ethnicity, religion, socioeconomic status; parental attributes; peer influences; personality and personal values; psychiatric correlates, including general deviant behavior and depressive symptoms.

34 Burk, J. P., & Sher, K. J. (1990). **Labeling the child of an alcoholic: Negative stereotyping by mental health professionals and peers.** *Journal of Studies on Alcohol, 51*(2), 156-163.

Although the establishment of programs for children of alcoholics (COAs) is laudable for those who are in distress, the effects of identifying and labeling COAs have largely been unknown. These studies investigated the possibility of negative stereotypes toward COAs emanating from peers and from the mental health community. In Study 1, 570 high school students were asked to rate six separate roles (typical teenagers-male and female; teenagers with an alcoholic parent-male and female; and mentally ill teenagers-male and female) using 11 bipolar adjective pairs. Subjects rated "COAs" as significantly different overall from both "typical teenagers" and "mentally ill teenagers." When individual nonsignificant differences occurred, COAs were more often grouped with mentally ill teenagers. These correlational findings were extended in an experimental study (Study 2) using mental health workers (N=80). Subjects watched

videotapes of an adolescent who was described as having either a positive or negative family history of alcoholism and as having either a high degree of social success (school leader) or social problems (behavior problems). The adolescent targets labeled COA were judged as more pathological than those labeled non-COA in terms of current and predicted psychological health and psychopathology. These judgments held regardless of the teenagers' labeled current behavior. Both studies demonstrated robust negative stereotypes about COAs both from the COAs' peers and from those responsible for treating COAs. The potentially harmful consequences of labeling COAs, especially those who are currently well-adjusted, are discussed.

35 Butynski, W., Canova, D., & Reda, J. L. (1990). ***State resources and services related to alcohol and other drug abuse problems, fiscal year 1989: An analysis of state alcohol and drug abuse profile data.*** (DHHS Publication No. ADM 90-1718).Washington, DC: U.S. Government Printing Office.

Data submitted to the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD), by state alcohol and drug abuse agencies, concerning a broad spectrum of fiscal, client, and other service data, is presented and analyzed. Data are provided on resources, services, and needs related to alcohol and other drug problems, funding levels and sources, client admission characteristics, intravenous drug abuse, state model product availability, top policy issues, major un-met needs, and significant changes in treatment and prevention services.

36 California Department of Alcohol and Drug Programs (1991, April). ***Youth breakthrough: A report on the decline in alcohol and drug use: California and the nation.*** Sacramento, CA: Department of Alcohol and Drug Programs, State of California.

Recent data are reviewed from surveys, treatment studies, emergency rooms, and hospital admissions for youth in California and the nation. Levels of use are given and broken down in a variety of ways.

37 Carr, C., Kennedy, S., & Dimick, K. (1990, September). **Alcohol use among high school athletes: A comparison of alcohol use and intoxication in male and female high school athletes and non-athletes.** *Journal of Alcohol and Drug Education, 36*(1), 39-44.

High school athletes and non-athletes from a large suburban high school in the Midwest were measured on a self-report inventory concerning the frequency of alcohol use, intoxication, and attitudes concerning alcohol and drug use. Whites comprise 97% of the school population, and 100% of the athletic teams. Results indicated that male athletes consume alcohol significantly more, and drink to intoxication more, than male non-athletes; while among females there was no difference in alcohol use between athletes and non-athletes, and more non-athletes than athletes reported intoxication, though this difference was very small (2%).

38 Caudill, B. D., Kantor, G. K., & Ungerleider, S. (1990). **Project Impact: A national study of high school substance abuse intervention training.** *Journal of Alcohol and Drug Education, 35*(2), 61-74.

High school administrators (N=176) were surveyed in five states after receiving substance abuse prevention/intervention training in a program called Project Impact. The project is based on a social learning/community intervention model using a wide range of professionals and resources in substance abuse intervention efforts. Findings indicated that the Impact program was perceived as from 5 to over 20 times as effective as any other strategies for combatting substance abuse. Impact-trained administrators reported referring considerably more substance-abusing adolescents to the multidisciplinary Impact Core Teams than did those with no such training. Impact was deemed as most efficacious when the students' families and professionals in the school and community work together as a team to prevent and combat substance abuse. The findings suggest that heightened visibility of substance abuse intervention resources could be useful. Responses to various hypothetical substance-abusing situations were also examined.

39 Clayton, S. (1991). **Gender differences in psychosocial determinants of adolescent smoking.** *Journal of School Health, 61*(3), 115-120.

Because of the social meaning smoking has acquired and because of different trends in male and female initiation rates, it is reasonable to suspect that different psychosocial factors predict smoking in teenage boys and girls. A literature review revealed that external pressures, such as peer and parental smoking, are important for both boys and girls, though their influence may be moderated differentially by age and type of smoking assessed. Some data support the hypothesis that female smoking is associated with self-confidence, social experience, and rebellion, whereas male smoking is associated with social insecurity. Overall, group differences such as gender and socioeconomic status are well-documented in terms of smoking prevalence but underexplored in the area of psychosocial predictors. Gender differences have been documented with sufficient frequency to warrant further attention to developing gender-specific components of smoking prevention programs.

40 Collingwood, T. R., Reynolds, R., Kohl, H. W., Smith, W., & Sloan, S. (1991). **Physical fitness effects on substance abuse risk factors and use patterns.** *Journal of Drug Education, 21*(1), 73-84.

The effects of an eight- to nine-week structured fitness activity class as an integrated element of prevention or treatment programs were evaluated among 74 adolescents in either a school-, community- or hospital-based drug intervention program. Assessments before and after the fitness class indicated significant gains for the total sample in the field fitness tests of: 1-mile run, 1-minute situp, 1-minute pushup, percentage fat, and flexibility. Based upon change in the one-mile run time (<1:00), subjects were categorized as improvers (n=38) and non-improvers (n=36). Improvers demonstrated a significant improvement in the self-concept risk factor (Piers-Harris *Self-Concept Scale*), and a significant decrease in anxiety and depression risk factors (*General Well-Being Scale*), compared to non-improvers. After the class, the improvers' self-reported substance use patterns were significantly lower compared to the non-improvers, both for the percentage of the sample who using multiple drugs and for number of alcohol uses per week, and a significantly higher percentage of improvers were demonstrating

total abstinence than non-improvers. These findings are suggestive of the usefulness of physical training as a supplemental intervention for adolescent substance abusers.

41 Coombs, R. H., Paulson, M. J., & Richardson, M. A. (1991, February). **Peer vs. parental influence in substance use among Hispanic and Anglo children and adolescents.** *Journal of Youth and Adolescence, 20*(1), 73-88.

The relative influence of peer and parental influence on youths' use of alcohol and other drugs was explored among 446 Anglo and Hispanic youths, ages 9-17. Current users and abstainers were similar in age and gender. Among both groups, parental influence was more profound than that of peers. However, substance users were more influenced by peers than were abstainers. Level of marijuana use by youth's friends is the most reliable predictor of drug use. Youths having viable relationships with parents are less involved with drugs and less influenced by drug-oriented peers.

42 Crumley, F. E. (1990). **Substance abuse and adolescent suicidal behavior.** *Journal of the American Medical Association, 263*(22), 3051-3056.

The association between substance abuse and adolescent suicidal behaviors is discussed in this review of the literature. Headings within this article include: (1) evidence for an association between substance abuse and adolescent suicide and attempted suicide; (2) evidence for the association between substance abuse and the frequency and medical seriousness of suicide attempts; (3) evidence for an association between substance abuse and depression and/or conduct and personality disorders; (4) evidence for an association between alcohol abuse and firearm suicide by adolescents; and (5) limitations and artifacts of studies. It is concluded that the increased incidence of psychoactive substance abuse by adolescents is significantly related to increased adolescent suicidal behavior.

43 Davidge, A. M. (1990). ***Relationship between stress, coping and adolescent substance use.*** (Unpublished doctoral dissertation, University of South Carolina, Columbia). *Dissertation Abstracts International, 50*(7), 3185-B.

Alcohol and drug abuse among youth has become a major national concern. Several studies have explored interpersonal, intrapersonal, and stress factors associated with adolescent substance use and abuse and have indicated the following correlates: (1) poor academic performance; (2) negative attitudes toward school; (3) antisocial behaviors and attitudes; (4) personality characteristics such as external locus of control, impulsivity, poor-self-concept, low assertiveness and depressed mood; (5) peer and family substance use; (6) peer and family approval of substance use; (7) poor family relationships and communication patterns; and (8) high levels of stress. The purpose of this study was to examine the relationship between the occurrence of stressful life events, utilization of coping strategies and levels of alcohol, marijuana, and other drug use in older adolescents. A self-report questionnaire was administered to 519 high school students. Results indicated that stress levels were strongly associated with the use of all substances. Utilization of coping styles were less consistently significant but related to extent of substance use such that coping through denial increased substance use and coping through attempts at dealing with problems decreased substance use. Utilization of different coping strategies had some influence on the impact of stress on

substance use, with use of some adaptive coping strategies lessening the impact of stress on substance use. Finally, differences were found across grade levels.

44 Dembo, R., Williams, L., & Getreu, A. (1991). **A longitudinal study of the relationships among marijuana/hashish use, cocaine use and delinquency in a cohort of high risk youths.** *Journal of Drug Issues, 21*(2), 271-312.

Because the relationship between drug use and crime over time remains an important topic in the field, data from a longitudinal study of detained juveniles were examined. Results indicated that self-reported delinquent behavior and alcohol use prior to initial interview were key predictors of reported delinquent behavior during the 10- to 15-month follow-up period. However, self-reported drug use and urinalysis test results, and prior delinquent behavior were significant predictors of the use of marijuana/hashish and cocaine over time. Youth showing delinquent behavior failed to connect with school at an early age, contributing to a "cumulative deficit." Early in-schools intervention targeted at high-risk youth has the potential of fostering socially-responsible growth of high-risk youth. This includes training teachers to identify high-risk youth at an early age, special school teams for evaluation, and attention to the difficulties of their families. Improvement in the overall quality of life in these schools is also needed, such as enhancing instruction, classroom management and disciplinary practices. Early improvements are necessary in both the educational experiences of students, and the educational environments they attend. The effects of these programs can be cumulative.

45 Division of Community Prevention and Training, Office for Substance Abuse Prevention. (1991). ***Parent training is prevention: Preventing alcohol and other drug problems among youth in the family.*** (DHHS Publ. No.ADM 91-1715). Washington, DC: U.S. Government Printing Office.

There is less use of alcohol and other drugs among children raised in nurturing environments; parents who enhance their nurturing skills do better than others; prevention training helps to enhance these skills. Effective prevention programs are comprehensive: community-wide, multi-systematic, and use multiple strategies, addressing all youth, not just those at risk. Family risk factors are identified as: parental dependency, or family history of dependency, or parental psychological or social dysfunction, high level of family conflict, family social isolation and antisocial values, special needs infants or problem children, and non-nuturant and ineffective parenting. Helpful parents are defined as: not dependent on alcohol and other drugs, using a productive parenting pattern, warm and supportive, embodying a healthy lifestyle, and making this lifestyle appealing to their children. Content of prevention-training is discussed and plans are offered for establishing and implementing parental prevention training programs.

46 Doherty, W. J., & Needle, R. H. (1991, April). **Psychological adjustment and substance use among adolescents before and after a parental divorce.** *Child Development, 62*(2), 328-337.

The well-being of adolescents before and after a parental divorce was examined in a sample of 508 adolescents drawn from a HMO. The sample was predominantly (97%) White, middle class (41% of their families had annual incomes $30,-40,000, and 33% over $40,000 in

1982), and had well-educated parents. The subjects administered a series of self-report measures of psychological adjustment and substance use over a 5-year period. 48 adolescents experienced the disruption of their parents' marriage during this time. Data were available at an average of 12 months before the separation and 5 months after the divorce. The control group consisted of the 578 adolescents in the original sample whose parents remained continuously married. The most important finding was a striking gender difference in the timing of the effects of divorce, with boys demonstrating ill effects after the divorce but not prior to the separation (this was especially true for substance use), and girls showing negative reactions prior to the separation but not becoming worse after the divorce.

47 Eggert, L. L., Seyl, C. D., & Nicholas, L. J. (1990). **Effects of a school based prevention program for potential high school dropouts and drug abusers.** *International Journal of the Addictions, 25*(7), 773-801.

This study tested the effects of a prevention program based on an integrated social support and psycho-educational model. A semester long interpersonal relations (IPR) class was predicted to deter school dropout problems and drug abuse among adolescents. Quasi-experimental designs were used to field test the IPR program with 264 high-risk students in one of two conditions: (1) before, during, and after treatment; or (2) before and after. All hypotheses were supported: significantly more potential dropouts were retained in the treated (74%) versus the comparison groups (61%); differences in daily attendance and GPA, school achievement, were significantly better in the treatment group; and drug involvement declined significantly over treatment for IPR program participants.

48 Elder, J., Demoor, C., & Young, R. (1990). **Stages of adolescent tobacco use acquisition.** *Addictive Behaviors, 15*(5), 449-454.

To extend the results of previous research in applying the stages of acquisition model to the onset of smokeless tobacco as well as cigarette use, a questionnaire was developed to test this model. Three expert judges classified an initial pool of items as to whether they represented pre-contemplation, contemplation, action or maintenance stages of smokeless tobacco acquisition. Fifty items with adequate inter-relater reliability were combined with 21 previously developed items pertaining to cigarette smoking acquisition in an overall tobacco acquisition questionnaire, which in turn was administered to 358 junior and senior high school students. Three distinct components labeled pre-contemplation, action, and maintenance were delineated through principal component analyses. Coefficient alpha and discriminant analyses according to self-reported use demonstrated adequate reliability and validity for the new smokeless tobacco and previously developed smoking acquisition scale.

49 Ellickson, P. L., & Bell, R. M. (1990). **Drug prevention in junior high: A multi-site longitudinal test.** *Science, 247*(4948), 1299-1305.

Results from a longitudinal experiment to curb drug use during junior high school attendance indicate that education programs based on a social-influence model can prevent or reduce young adolescents' use of cigarettes and marijuana. This multi-site experiment involved the entire 7th-grade cohort of 30 junior high schools drawn from eight urban, suburban, and rural communities in California and Oregon. Implemented between 1984 and 1986, the curriculum's impact was assessed at 3-, 12-, and 15-month follow-ups. The program, which had positive results for both low- and high-risk students, was equally successful in schools

with high and low minority enrollment. However, the program did not help previously confirmed smokers and its effects on adolescent drinking were short-lived.

50 Ellickson, P. L., & Bell, R. M. (1990). ***Prospects for preventing drug use among young adolescents***. Santa Monica, CA: Rand Corporation.

Project ALERT, a social-influence-model curriculum is evaluated. The rate of marijuana initiation reported in Project ALERT schools was one-third that reported in control schools, and regularly and daily smoking by students who had experimented with cigarettes before being exposed to the curriculum were reduced by up to 50-60%. The program was found to be equally effective in schools that are predominantly White and those with substantial minority populations. Findings supported the effectiveness of the social influence model in middle and junior high schools, suggesting: (1) that social influence programs are most effective when the social context reinforces their messages; that legalization of marijuana and other drugs could undermine prevention efforts; (2) that adolescents who are heavy cigarette users may need a more aggressive prevention program; and (3) that booster programs are necessary for extending the effects of social influence programs. Appendix materials include a detailed description of Project ALERT sessions; baseline survey items; and detailed program results by substance.

51 Engel, J. W. (1990). ***Drug use, peer relationships, and the transition from high school to college***. (Unpublished doctoral dissertation, Colorado State University, Fort Collins). *Dissertation Abstracts International, 50*(8), 3692-B.

College freshmen 20 years of age or younger responded to a questionnaire that asked about current alcohol and drug use, peer relationships associated with use and, retrospectively, about their alcohol and drug use in a typical month of their senior year of high school. For drugs other than alcohol and marijuana, the best predictor of drug use at the beginning of college was drug use during a typical month of the senior year of high school. College freshmen, however, used marijuana less frequently than they did in high school while their use of alcoholic beverages increased early in college. While the frequency of alcohol use increased considerably, college freshmen did not increase the number of times they got drunk. The high correspondence of drug use between high school and college might seem surprising due to the likely change in peer relations, which would be expected to alter subsequent rates of drug and alcohol use. However, most entering freshmen quickly found new friends with whom they could get drunk and do drugs. Since the data show that college and high school drug use was very similar, it is likely that they found new friends much like their high school friends with whom to use drugs and get drunk. Alcohol and drug use may be important determining factors in the choice of new college friends.

52 Fagan, J., & Pabon, E. (1990, March). **Contributions of delinquency and substance use to school dropout among inner-city youths**. *Youth and Society, 21*(3), 306-54.

The relationship between delinquency, substance use and school dropout was examined among high school students and dropouts in six inner-city neighborhoods, using an integration of social learning and social control theories. There were two samples, collected on separate

occasions, in each neighborhood, each including 200 students and 50 dropouts. Students were chosen from classrooms selected at random on a randomly chosen school day. Ethnographic samples of dropouts were recruited in snowball samples from known dropout groups. The survey schedule included demographic items, self-report measures on delinquency and drug use and sales, victimization items, and measures for social control and learning variables. Subjects were asked to report on their behavior over a twelve-month period. Results showed the relationship between substance use, delinquency, and school dropout to be spurious. The cross-sectional nature of this survey offered no clue to the sequencing of factors that contribute to school dropout or the reciprocal relationships between them.

53 Fagan, J., Weis, J., & Cheng, Y. (1990). **Delinquency and substance use among inner city students.** *Journal of Drug Issues, 20*(3), 351-402.

Recent studies continue to find an association between delinquency and substance use, though the strength and symmetry of the relationship vary according to sampling and measurement strategies. The behaviors often occur jointly, but there is little consensus on whether they are explained by unique factors or are the result of common correlates and social processes. General adolescent samples yield too few serious juvenile offenders for valid assessment of the drug-crime relationship. Moreover, these youths often are concentrated in urban social areas, possibly confounding influences from urbanism and urban socialization. This study examined the distributions of substance use and delinquency among inner city youths and theoretical explanations of the separate and joint behaviors, controlling through samples for social area influences. Survey data on 665 inner city, high school students in four cities revealed that self-reports of delinquency and substance use among inner city students were comparable with general adolescent populations, though drug use was more prevalent than alcohol. Serious substance use was more prevalent and frequent among serious delinquents, but substance use was frequent regardless of the severity of delinquent involvement. The type of drug was more strongly associated with delinquency than the frequency of substance use. An integration of social control and learning theories has weak explanatory power for the frequency of either behavior, but can differentiate serious delinquent involvement. The results suggest that drug use and delinquency are spuriously related, and possibly occur among parallel but independent social networks.

54 Farrell, M., & Strang, J. (1991). **Substance use and misuse in childhood and adolescence.** *Journal of Child Psychology and Psychiatry, 32*(1), 109-128.

Research developments in the field of substance abuse among youth are reviewed, with attempts to draw clinically applicable conclusions where relevant. Many of the screening and assessment instruments for substance abuse were developed for use with adults and most of these are inappropriate for use with young people. Instruments need to differentiate between different levels and stages of substance use in adolescents, in terms of severity and consequence of use, as well as pattern of use; moreover, they need to identify and differentiate coexisting problems not deriving from substance use. Interventions designed to minimalize risk of human immuno-deficiency virus (HIV) transmission may effectively reduce obstacles to injecting drug use. Educational programs to prevent or delay drug use, like other practical interventions, have little empirical evidence to support their efficacy. Prior use is consistently the best indicator of future substance use, both for levels and patterns.

55 Farrow, J.. (1990, September). **Adolescent chemical dependency.** *Medical Clinics of North America, 74*(5), 1265-1274.

Adolescent chemical dependency is now a recognized, diagnosable entity. In most respects, it mimics the diagnosis in adults. It is argued that the practicing physician has some obligation to be familiar with changing trends in drug use and should have the skills to define problem use and assess risk. The physician should also address the issue as part of routine clinical interactions with patients and be aware of community resources for further assessment and treatment. Finally, the physician should be an advocate of the young patient and be helpful to parents in understanding the problem, but he or she should not be the parent's agent when asked to commit the adolescent for treatment or carry out drug abuse screening. The problem of adolescent substance abuse is a pre-eminent social problem. The problem must be addressed on many fronts. The role of the physician provides a key component of the solution.

56 Farrow, J., & Brissing, P. (1990, June). **Risk for DWI: A new look at gender differences and driving influences, experiences, and attitudes among new adolescent drivers.** *Health Education Quarterly, 17*(2), 213-221.

Adolescent drivers are over represented in fatal auto accidents, especially those involving alcohol (DWI). Young male drivers appear at higher risk than adolescent female drivers because of a variety of important influencing factors. Gender differences in these factors, as they relate to driving behavior, were explored among 343 students in grade 10. Measures included demographics, family characteristics and influences, drug and alcohol use, perception of driving skill, sensation seeking, other personality factors and responses to DWI vignettes for decision making skill. Even though female subjects used more alcohol/drugs and came from more disturbed family backgrounds, their attitudes and behavior with respect to DWI appear more socially acceptable. Speculation as to some of the reasons for this effect are discussed with implications for prevention and further research.

57 Fertman, C. (1991, December). **Aftercare for teenagers: Matching services and needs.** *Journal of Alcohol and Drug Education, 36*(2), 1-11.

This study used ethnographic methodology to explore how a drug and alcohol aftercare case management service for adolescents contributed to three expected service outcomes: (1) maintenance of the teenagers' drug and alcohol free behavior; (2) adherence to the teenagers' aftercare plans; and (3) participation of the schools and families as stipulated in the aftercare plans. In the analysis, four groups of adolescents were identified: testers, coasters, retreaters, and rebellers. For each there is a different pattern of outcome results. Results indicated that the aftercare service contributed to the expected outcomes by helping the teenagers: (1) to receive appropriate aftercare services; (2) to build and connect with a support system; and (3) to equalize the relationships between schools, treatment programs, families, and community organizations. Implications for the provision of aftercare services to youth are explored.

58 Ficklen, E. (1990, February). **Detours on the road to drugs.** *American School Board Journal, 177*(2), 19-22.

A broad outline is provided of 12 of the basics that form the framework for any successful school antidrug program. Each one is illustrated by case studies culled from the 47 programs that received the United States Department of Education's second annual drug-free school recognition award (1988-89).

59 Fischer, B. E. (1990). ***Effects of family losses and transitions on adolescent substance use.*** (Unpublished doctoral dissertation, University of Minnesota, MN). *Dissertation Abstracts International, 50*(11), 3430-A.

Family stress theory suggests that increased levels of family stressors would yield increased substance use. The effects of family losses and transitions on adolescent alcohol and drug use were studied with a longitudinal design: 495 subjects were tested annually over three years. Results indicated no support for the direct effects of family transitions on substance use. A significant indirect effect of family transitions via family cohesion was found for alcohol use with males. That is, as transitions increased cohesion decreased, and alcohol use subsequently increased. A significant indirect effect of family transitions via family strain was found for drug use with females. A significant negative relationship between family losses and alcohol use for males was noted, but was in the opposite direction from that predicted. Gender differences were notable; males and females shared no pattern of responding to family losses or transitions. The study supported family stress theory in that family stress variables were found to have a significant influence on adolescent substance use. Family variables were shown to have a significant role in the development of adolescent substance use. Implications for future research, and prevention and treatment of adolescent substance were discussed.

60 Flewelling, R., & Bauman, K. (1990, February). **Family structure as a predictor of initial substance use and sexual intercourse in early adolescence.** *Journal of Marriage and the Family, 52*(1), 171-181.

Research on the relationship between family structure and use of controlled substances by children has produced inconsistent results. Furthermore, some authors have suggested that the confounding influence of socioeconomic characteristics may be largely responsible for the positive associations that have been observed. A two-year prospective study of 2,102 young adolescents in ten southwestern cities was used to assess the relationship between family structure and whether cigarettes, alcohol, marijuana, and sexual intercourse had ever been tried. Logistic regression results show significantly higher levels of ever usage for children of non-intact families. These differences were not diminished when age, race, sex, and mother's education were controlled. The results imply that children of disrupted families are at a higher risk of initiating the use of controlled substances and engaging in sexual intercourse, and that a firmer understanding of the mechanisms that underlie this association is needed.

61 Forney, M. A., Forney, P. D., & Ripley, W. K. (1991). **Alcohol use among Black adolescents: Parental and peer influences.** *Journal of Alcohol and Drug Education, 36*(3), 36-45.

A number of family and peer characteristics were examined in relation to Black adolescents' knowledge, attitudes, and behavior regarding alcohol use. Students in grades 6, 8,10, and 12 in Georgia and South Carolina (N=1,177) participated in the study. The results indicated that 7.2% were self-classified as heavy drinkers while 53.5% said they abstained from any alcohol use. Over one-half of the sample had tried alcohol before 12 years of age. Students tended to have the same drinking behaviors as their friends and parents. Those classified as heavy drinkers were more knowledgeable and had more liberal attitudes regarding alcohol use.

62 Fors, S. W., & Rojek, D. G. (1991). **A comparison of drug involvement between runaways and school youths.** *Journal of Drug Education, 21*(1), 13-25.

Problems related to homeless/runaway youths have received increased attention in recent years. Homeless/runaway youths manifest many problems in addition to being absent from home and without supervision of a parent or guardian. The purpose of this study was to determine drug use and abuse patterns of homeless/runaway youths and to compare these patterns, along with attitudes toward selected illicit behaviors, with similar data collected from adolescents in school. Data were collected from persons in homeless/runaway shelters in the southeastern United States. Comparisons made with data from other studies of runaways and of youths in school indicate that drug use and abuse is two to three times more prevalent for runaways than with the school youths. Runaways' attitudes toward selected illicit behaviors are more tolerant than those of school youths. Intervention programs for runaway/homeless youths should reflect an understanding of the complexity of the psycho-social and behavioral history of the clients which is much different than that of those who are in school.

63 Fournet, G. P., Estes, R. E., Martin, G. L., Robertson, E. D., & McCrary, J. S. (1990). **Drug and alcohol attitudes and usage among elementary and secondary students.** *Journal of Alcohol and Drug Education, 35*(3), 81-92.

Elementary and secondary school students (N=2290) from four rural school districts responded to a questionnaire measuring incidence and attitudes towards drug and alcohol use. The subjects' responses indicate that social learning theory is a viable theory for explaining drug involvement in the young. The data suggest that intervention with drug and alcohol education programs should begin prior to the onset of adolescence.

64 Friedman, A. S. (1990). **Adolescent drug abuser and the family.** In A. S. Friedman, & S. Granick (Eds.), *Family therapy for adolescent drug abuse*, (pp. 3-22). Lexington, MA: Lexington Books.

The problem of adolescent drug abuse is addressed, with an emphasis on the interaction of the adolescent drug abuser with the family. Reasons for drug use, characteristics of drug abuse, and the role of the family are discussed. Characteristics typical of families with adolescent drug abusers are listed. The value of family therapy, with the need to establish an identity for

the adolescent separate from the family unit, is stressed. There is a need for research in order to determine the value and the cost effectiveness of family therapy in such situations.

65 Friedman, A. S., Glickman, N. W., & Morrissey, M. R. (1990). **What mothers know about their adolescents' alcohol/drug use and problems, and how mothers react to finding out.** In A. S. Friedman, & S. Granick (Eds.), *Family therapy for adolescent drug abuse*, (pp. 169-181). Lexington, MA: Lexington Books.

In order to determine what mothers actually know about drug use by their adolescent children and the related problems and how mothers' react to learning about their children's drug use, data were collected from 189 adolescent treatment outpatients and their mothers at the time they applied for treatment. The client and the client's mother were interviewed and examined separately. Eighty-nine percent of clients reported use of alcohol, but only twenty-five percent believed they had a problem with alcohol, an example of denial. Fewer mothers believed that their children used alcohol, but of those who reported alcohol use by their adolescents, a higher percentage claimed that there was a problem. Mothers tended to have incomplete knowledge of their children's use of tranquilizers, barbiturates, sedatives, nonprescription drugs, inhalants, "other" opiates, and other drugs. There was a lack of correlation between the perception of the mothers' reactions to learning about their children's drug use.

66 Friedman, A. S., & Granick, S. (Eds.). (1990). ***Family Therapy for Adolescent Drug Abuse***. Lexington, MA: Lexington Books.

Includes three articles by Friedman: all indexed separately.

67 Friedman, A. S., Utada, A., & Morrissey, M. R. (1990). **Families of adolescent drug abusers are "rigid": Are these families either "disengaged" or "enmeshed," or both?** In A. S. Friedman, & S. Granick (Eds.), *Family therapy for adolescent drug abuse*, (pp. 145-168). Lexington, MA: Lexington Books.

The Olson's Circumplex Model instrument (FACES) of family functioning was administered to 96 adolescent drug-abuse clients and their parents. Six family therapists' perceptions, based on the Olson CRC, are compared with family members' views of their family on "cohesion" and "adaptability." There were large discrepancies: family member saw their families as "disengaged" while therapists saw them as "enmeshed." This discrepancy is attributed to therapists' greater perspicuity in regards to pathology of family interactions. The drug-abuse family sample is also compared with a normative sample, Olson's national sample of Lutheran families, and with samples of families with problems other than drug abuse. The comparison with the normative sample is weakened by large differences on key demographic and background variables, so that it was not possible to associate the drug-abuse families' deviance to the presence of drug abuse. It is noted that families of substance abusers who enter treatment may well be more dysfunctional and pathological than families not in treatment.

68 Friedman, L., Johnson, B., & Brett, A. (1990). **Evaluation of substance abusing adolescents by primary care physicians.** *Journal of Adolescent Health Care, 11*, 227-230.

Physicians are in a unique position to identify substance abusing adolescents. In order to evaluate physician performance from the patient's perspective, 54 substance abusing adolescents and their parents were interviewed about previous medical encounters. Although nearly all patients had seen a physician during the time they were using drugs or alcohol, 43% did not recall being asked by a doctor about alcohol or drug use. Of the 26 patients who recalled being asked, 12 (46%) stated that they responded dishonestly, usually because a parent was present. Of the 28 who didn't recall being asked, 5 (18%) wished they had been asked. Physicians asked about substance abuse more often when they previously had discussed the problem with the parents, but many parents did not initiate such discussions. It is suggested that physicians may not adequately assess high-risk adolescents for substance abuse because of physician, patient, and/or parent dependent factors.

69 Fullilove, R. E., Fullilove, M. T., Bowser, B. P., & Gross, S. A. (1990, February 9). **Risk of sexually transmitted disease among Black adolescent crack users in Oakland and San Francisco, CA.** *Journal of the American Medical Association, 263*(6), 851-855.

Crack cocaine is a smokable form of cocaine hydrochloride that has been associated with increases in crime, increases in admissions to drug treatment programs, and recently, increases in the incidence of sexually transmitted diseases (STDs) among Black teenagers. In an exploratory, cross sectional study of the prevalence of risk behaviors that would promote the dissemination of STDs, including human immuno-deficiency virus (HIV), among 222 Black teenaged crack users, 41 of those interviewed reported a history of an STD. A history of an STD was more likely to be reported by girls (55) than by boys (34), and by those who combined crack use with sexual relations (51) than those who did not (32). The number of risk behaviors for STDs or HIV reported by respondents (including failure to use a condom in one's most recent sexual encounter, having had a history of an STD, engaging in exchanges of sex for drugs or money, combining sexual activity with drug use, and reporting five or more sexual partners per year) was evaluated using multiple regression analysis stratified by gender. For girls, a history of selling crack and the number of drugs used on a daily basis were associated with the number of reported risk behaviors. Because of the impetuous nature of some crack-related sexual activity, and because 76 of respondents acknowledged they were either very worried or somewhat worried that they might get acquired immuno-deficiency syndrome (AIDS), it is possible that a program of widespread distribution of condoms in neighborhoods where crack use is prevalent might make it possible for the worried, impulsive crack user to practice safer sex.

70 Gabany, S., & Plummer, P. (1990). **The marihuana perception inventory: The effects of substance abuse prevention.** *Journal of Drug Education, 20*(3), 235-245.

The latest results are reported of a continuing effort to develop a perceptual inventory of factors associated with the onset of marihuana use among youths and young people. In addition to better understanding why adolescents begin using marihuana, the inventory is intended to

assist drug educators target their programs. This phase studied 617 students in three Midwest school districts prior to and after substance abuse instruction to determine the relationship between perceptions and demographic characteristics, and to learn if substance abuse instruction was related to changes in the students' perception of the relationships. It appears that instructional programs can be expected to at least contribute to changes in perceptions concerning the relationship between societal and familial factors and the onset of marihuana use.

71 Gabriel, R. M. (1991, March). ***Substance use among public school students in Washington, 1988-1990***. Portland, OR: Northwest Regional Educational Laboratory.

Survey were administered to students in grades 6, 8, 10, and 12, in a representative sample of public schools in Washington. Efforts were made to remove the sheets with faked answers or which did not take the survey seriously. Results indicate that while substance use and abuse has declined since 1988, it remains a serious problem. Opportunities for use have not declined, but perceptions of risk and of parental disapproval have increased. The largest decline in use rates occurred in the sixth grade.

72 Gabriel, R. M., Pollard John A., & Arter, J. A. (1990, September). ***Surveys of student alcohol and other drug use: A consumer's guide***. Portland, OR: Western Regional Center for Drug-Free Schools and Communities.

Survey instruments for assessing alcohol and other drug use among youth are listed and reviewed, with discussion of the issues involved in choosing and utilizing them. This information is intended to help local schools and communities in choosing a survey instrument to measure the extent of use in their own youth.

73 Gay, J. E., Minelli, M. J., Tripp, D., & Keilitz, D. (1990). **Alcohol and the athlete: A university's response.** *Journal of Alcohol and Drug Education, 35*(2), 81-86.

In 1985, Central Michigan University, in collaboration with other entities, began an alcohol education program for its athletes. The program began with a seminar for coaches and administrators to examine factors that affect optimal athletic performance. The second phase was designing and testing an assessment instrument to survey campus athletes and assess the university's needs, the scope of drug abuse problems on campus, and gain student input on how to solve those problems. A one-credit hour course called "Drugs, Nutrition, and the Athlete" was then designed. Evaluation with a pretest/posttest analysis indicated a significant increase in students' basic knowledge of drugs. A feature of the program is the cooperation among outside health consultants, the Department of Intercollegiate Athletics, and the Department of Health Education and Health Science. A longitudinal study is anticipated to assess the effects of the program on relevant behaviors.

74 Gerler, E. R. (Ed.). (1990). **The Challenge of counseling in middle schools**. Ann Arbor, MI: ERIC Clearinghouse. (RIEDEC90).

The third section contains four articles addressing "The Challenge of peer pressure and drug abuse in early adolescence." "Initiation of Alcohol and Drug Abuse in the Middle School Years," by Robert Hubbard, Rebecca Brownlee, and Ron Anderson, presents a study designed to provide a prospective assessment of the nature and extent of alcohol and drug abuse among middle school youths. "A Counseling Approach to Alcohol Education in Middle Schools," by Emily Garfield Ostrower, describes a curriculum and program, specifically for middle school students, to focus on alcohol and the personal problems associated with alcoholism. "Preventing Adolescent Drug Abuse," by Lindy LeCoq and Dave Capuzzi, describes an eight-session model for a group counseling program within the school setting for preventing drug abuse. "Drug Information: The Facts About Drugs and Where to Go for Help," by Edwin Gerler, Jr. and Stephen Moorhead, presents facts about drugs, their effects, and evidence of abuse. Included are discussions of alcohol, cannabis, stimulants, inhalants, cocaine, psychedelics, depressants, narcotics, and designer drugs. Sources of additional drug information are provided.

75 Giesbrecht, N., Conley, P., Denniston, R. W., Gliksman, L., Holder, H., Pederson, R., & Shain, M. (Eds). (1990). ***Research, action, and the community: Experiences in the prevention of alcohol and other drug problems OSAP prevention monographs 4.*** (DHHS Publication No ADM 89-1651). Washington, DC: U.S. Government Printing Office.

Prevention programs are described in a knowledge-based manner, incorporating state-of-the-art findings and practices drawn from recent scientific research and expertise from the field. Conceptual papers, case studies, and workshop reports focusing on community action projects are also included.

76 Gilchrist, L., Gillmore, M., & Lohr, M. (1990). **Drug use among pregnant adolescents**. *Journal of Consulting and Clinical Psychology, 58*(4), 402-407.

Despite concern over the co-occurrence of substance abuse, unplanned pregnancy, and other problem behaviors in adolescence, little information is available on substance use, before, during, and after adolescent pregnancy. Data were collected from the first 100 subjects enrolled in an ongoing longitudinal study on drug use before and during pregnancy in adolescence. Unmarried pregnant adolescents, aged 17 and under, were recruited for the study from urban alternative school programs and community social and health service agencies. Findings indicate that although lifetime prevalence of drug use was relatively high and pregnant respondents appeared embedded in drug prevalent environments, substance use declined voluntarily and substantially during pregnancy. Pre-pregnancy drug use predicted substance use during pregnancy, but neither best friends' nor boyfriends' use of alcohol or marijuana predicted subjects' use of these substances during pregnancy after taking pre-pregnancy use into account.

77 Gliksman, L., & Smythe, C. (1990). **Review of school-based drug education programs: Do we expect too much?** In R. C. Engs, *Controversies in the addictions field: Volume one*, (pp. 175-183). Dubuque, IA: Kendall/Hunt Publishing Company.

Research has not shown school-based drug education programs to be consistently effective. While changes in knowledge have been seen following such education efforts, changes in attitude have been inconsistent and changes in behavior rarely found. However, it is suggested that some of the poor study results may be due to flaws in the study design and methodology. In addition, drug education may require drug policies to prevent use and/or abuse. A coordinated curriculum component running from Kindergarten to grade 12, involving a number of courses and including identification of those students particularly at risk for alcohol or drug related problems is suggested. Community support and education campaigns are required for the program to be a success.

78 Goldberg, L., Bents, R., Bosworth, E., Trevisan, L., & Elliot, D. L. (1991). **Anabolic steroid education and adolescents: Do scare tactics work?** *Pediatrics, 87*(3), 283-286.

The opinions of 192 high school varsity football players (from nine teams) with regard to reported effects of anabolic steroids were assessed before and after two different education interventions. Lectures and handouts of a balanced education program (potential risks and benefits) were compared with a risks-only (negative or "scare tactics") presentation, in a controlled manner. Those receiving the balanced review (n=65, 3 teams) significantly increased their agreement with 5 of 10 targeted adverse effects, while no change occurred for any risks among those taught by the negative intervention (n=70, three teams). The control group (n=57, 3 teams), which received no intervention, actually increased their view of the benefits of steroids. A teaching model that only emphasizes the untoward consequences of anabolic steroids is ineffective, even in the short term. A balanced education approach can improve understanding of the potential adverse effects of these drugs. Additional strategies may be required to change young athletes' attitudes toward anabolic androgenic steroid use.

79 Goldberg, L., Bosworth, E., & Bents, R. (1990, May). **Effect of an anabolic steroid education program on knowledge and attitudes of high school football players.** *Journal of Adolescent Health Care, 11*(3), 21-214.

Six varsity high school football teams were assessed by confidential questionnaire regarding anabolic steroids, before and 2 weeks after an education intervention. The education program used the American College of Sports Medicine's position on the use of androgenic steroids in sports. Two teams received a lecture and a four-page handout, two teams were given the handout only, and two teams were controls. Self-report of current use was 1.1% but 38.8% claimed availability of these agents. Although increased awareness of the adverse effects of anabolic steroids were found after the education program, no differences in attitudes toward the use of anabolic steroids occurred as compared to controls. Strategies designed to dissuade adolescent athletes from considering these drugs need to be developed.

80 Goplerud, E. N. (Ed). (1990). ***Breaking new ground for youth at risk: Program summaries*, OSAP technical report 1,** . (DHHS Publication No ADM 89-1658). Washington, DC: U.S. Government Printing Office.

The 130 demonstration grants funded in 1987 to develop, test, and evaluate promising approaches for working with high-risk youth are summarized: these approaches include prevention, intervention, and treatment programs for individuals and groups, as well as comprehensive, community-wide projects. The following characteristics of successful programs are identified: a broad spectrum of services to cover the multiple needs of clients; flexible program structures and staff, so that the individual needs of clients can be met; an ecological approach that recognizes the influences of the family and surrounding socio-economic and physical environments; services that are coherent, accessible, and easy to use; elimination of barriers of cost, culture, language, and inadequate transportation—these hindrances can prevent many poor people from getting the help they need; staff members that care about clients, have the time to provide intensive help, and are able to win clients' trust.

81 Graham, J. W., Marks, G., & Hansen, W. B. (1991). **Social influence processes affecting adolescent substance use.** *Journal of Applied Psychology, 76*(2), 291-298.

Social influence is central to models of adolescent substance use. Nonetheless, researchers fail to delineate the various forms of social influence. A framework that distinguishes between active (explicit drug offers) and passive (social modeling and overestimation of friends' use) social pressure was tested. The effect of these processes on alcohol and cigarette use was examined with 526 7th graders taking part in an alcohol prevention program. Hierarchical regression analyses demonstrated that pretest measures of alcohol use, offers, modeling, and overestimation each accounted for unique variance in posttest alcohol use. Similar results were obtained for cigarette smoking. The general model was not significantly different for boys and girls, or for prior users and prior nonusers, supporting the generalizability of the framework. It is suggested that prevention programs emphasize resistance skills training, and correcting misperceptions related to overestimation of friends' and others' use.

82 Green, D. (1990). **Instrument for measurement of individual and societal attitudes toward drugs.** *International Journal of the Addictions, 25*(2), 141-157.

Due to the importance of the relation between attitudes and the experimentation with and use of drugs among adolescents, an instrument was developed composed of individual and societal attitudes toward drugs. A pilot study was carried out on the basis of which a questionnaire containing 63 items was constructed. This questionnaire was given to the research sample of 566 Israeli high school students aged 15-17. Three criteria were used to determine the final version of the instrument, which contains 55 items. Factor analysis revealed seven factors: curiosity and willingness to use drugs, social concern, individual freedom, attribution of positive characteristics to drugs, perceived harmfulness of drugs, perceived characteristics of drug users, and legalization of drugs. Reliability of the factors ranges from .64 to .88; reliability of the entire questionnaire is .89. A short version of the questionnaire consisting of 27 items was developed for special populations. These findings suggest that the Green Individual and Societal Attitudes Toward Drugs Questionnaire can be employed as a diagnostic

tool to identify potential drug experimenters, and as a planning and evaluation measure to preventive drug educational programs.

83 Gross, J., & McCaul, M. E. (1991). **Comparison of drug use and adjustment in urban adolescent children of substance abusers.** *International Journal of the Addictions, 25*(4a), 495-512.

Children of alcoholics and other drug abusers are at elevated risk for substance abuse and other related psychosocial problems. Adolescents with a positive family history for drug abuse or alcoholism were compared to a similar group of low socioeconomic status, urban youth who were at risk for school failure but did not report any family history of substance abuse. A survey of depression, self-esteem, behavioral competence and dysfunction, and drug/alcohol use found that, overall, adolescents with a positive family history (FHP) for substance abuse exhibited more use of illicit drugs compared to those with a negative family history (FHN). There were also a greater number of FHP cases which fell into the clinical range on the psychosocial measures of behavioral dysfunction and depression compared to FHN youth. There were differential effects for boys versus girls, with FHP girls exhibiting a greater number of problem cases. In overall prevalence of drug use, there was little group difference for tobacco, alcohol, and marijuana, but FHP tended to reported higher levels of use of the eight other illicit drugs that were examined. The overall trend suggested that FHP youth were experimenting earlier and at greater rates with all of the illicit drugs except marijuana and barbiturates, compared to FHN youth. There was virtually no difference between the FHP and FHN boys who received at least one test score in the clinical range. However, being a girl from a FHP family conferred a greater risk of receiving a score within the clinical range. Findings suggest that, on average, youth with FHP are not different from similar FHN youth, or from the White, middle-class youth, the normative sample. What is important is that a large percentage of FHP youth are experiencing significant psychological distress and/or behavioral disturbances—in addition to identifying family history as a category of risk, simple assessment of psychological functioning would be useful in targeting high-risk youth.

84 Grube, J., Rokeach, M., & Getzlaf, S. (1990). **Adolescent's value images of smokers, ex-smokers, and nonsmokers.** *Addictive Behaviors, 15*(1), 81-88.

Adolescents' value images of smokers, ex-smokers, and nonsmokers were investigated in a study of high school graduates. Overall, smokers were seen as being concerned with values related to personal enjoyment and autonomy. In contrast, nonsmokers were perceived as being more conventional, and more concerned with religious, interpersonal, and family values. Images of ex-smokers were usually intermediate, but resembled those of nonsmokers somewhat more than those of smokers. Interestingly, ex-smokers were perceived to place more importance on values relating accomplishment and self control than were either smokers or nonsmokers. In general, the value images were consistent among respondents who themselves were smokers, potential smokers, or nonsmokers. However, for a few values smokers and potential smokers had a more favorable image of smokers than did nonsmokers. Interestingly, males and females generally did not differ in their images of smokers, ex-smokers, and nonsmokers. Suggestions for prevention of adolescent smoking based on the value images are discussed.

85 Guthman, D., & Brenna, D. (1990). **The Personal Experience Inventory: An assessment of the instrument's validity among a delinquent population in Washington State.** *Journal of Adolescent Chemical Dependency, 1*(2), 15-24.

The Personal Experience Inventory (PEI) is one of a small number of validated instruments for assessing the level and nature of substance abuse in adolescents. A challenge to substance abuse treatment is the complex problem of working with juvenile offenders. A preliminary question remains before case planning can be performed on this population: are assessment instruments, validated with a clinical treatment population, also valid with a chronic delinquent population? This paper describes the results of a study to validate the PEI with a study population of chronic delinquent adolescents institutionalized in the state of Washington. The PEI seems to be a useful tool for the assessment of substance abuse among an offender population.

86 Hahn, G., Charlin, V. L., & Sussman, S. (1990). **Adolescents' first and most recent use situations of smokeless tobacco and cigarettes: Similarities and differences.** *Addictive Behaviors, 15*(5), 439-448.

First and most recent use situations of adolescent smokeless tobacco experimenters were compared with those of adolescent cigarette experimenters. Structured, open ended interviews were conducted with 320 students in grades 7 and 10 at 16 southern California schools. Students were categorized as non-users, minimal experimenters, and persistent experimenters. The situations reported by smokeless tobacco were similar to those reported by cigarette experimenters. The most important differences between the two groups are highlighted. In particular, smokeless tobacco users seemed less concerned about negative social consequences of use than cigarette smokers. Analysis of these interviews, and results of other studies seem to indicate that since smoking increases rapidly around 6th and 7th grades, those are the appropriate times to introduce prevention programs. Further, most experimenters cited curiosity as the reason for finally deciding to try tobacco, and prevention programs which aim at discouraging initial trial may not be able to surmount the curiosity factor; therefore, it may be advisable to focus on discouraging continuation, encouraging students to interpret the sensations from experimentation with tobacco as indication of damage to the body.

87 Harrison, R. (1990). **Adolescent chemical dependency as a handicapping condition: An analysis of state regulations.** *Journal of Adolescent Chemical Dependency, 1*(1), 69-79.

Chemical dependency in secondary school age students as a legally handicapping condition was studied. Implications and rulings from the relevant federal legislation, p.l. 94-142 and section 504 of the Rehabilitation Act of 1973, were reported. Responses from 36 state offices of special education were studied. State special education classification and services for chemically dependent students were reported. Discussion focused on two philosophies regarding chemical dependency as causative factors in the differences between the state's views of dependency being an educational handicap.

88 Hayes, D. M., & Swisher, J. D. (1991). **Social activity participation and the drinking and driving behaviors of adolescents.** *Journal of Alcohol and Drug Education, 36*(3), 7-16.

The relationships of negative social behaviors and social activity participation to the self-reported drinking and driving behaviors of adolescents were explored in 6,868 students in grades 6-12 over the 1983-1984 and 1984-1985 academic years, with results showing that negative social behaviors and social activity participation were critical precursors to the drinking and driving problem among adolescents. Adolescent drinking and driving programs should be based on more concrete evidence of the possible precursors to the drinking and driving event.

89 Hays, R., & Revetto, J. (1990). **Peer cluster theory and adolescent drug use: A re-analysis.** *Journal of Drug Education, 20*(3), 191-198.

Peer cluster theory hypothesizes that peer drug association has a direct effect on adolescent drug use. In turn, peer drug associations are influenced by familial factors (sanctions and strength) and individual variables (religious identification, school adjustment). Oetting and Beauvais found support for peer cluster theory in a cross sectional survey of 415 high school students. However, a re-analysis of their data supports an alternative model in which poorer school adjustment was specified as a consequence of drug use, peer drug associations, lack of family sanctions against drug use, low religious identification, and absence of family strength. This re-analysis illustrates that interpretations of structural equation modeling results from cross-sectional data are especially problematic.

90 Herberg, T. C. (1990). ***Study of the identification and referral components of substance abuse intervention programs in Washington State's public high schools.*** (Unpublished doctoral dissertation, Portland State University, Portland, OR). *Dissertation Abstracts International, 50*(11), 3430-A.

This multiple-case study investigated the characteristics of successful high school substance abuse intervention programs. The case study design included two main steps: first, a written survey of all Washington State public high school intervention programs that identified eight public high schools that were particularly successful and four that were relatively unsuccessful in their ability to identify those students who were harmfully involved with alcohol and/or other drugs and refer these students to appropriate services. Second, a comprehensive examination of the substance abuse intervention programs for twelve selected public high schools through site visitations that included staff interviews, student interviews and the collection of various documents. A cross-analysis of the results from this study indicate that successful substance abuse intervention programs share the following characteristics: (1) formal, established identification programs; (2) the involvement of various staff members in identifying students harmfully involved with alcohol and/or other drugs; (3) The availability of training in identification strategies for various staff members; (4) the availability of specific training in referral strategies for various staff members; (5) the availability of formal drug assessments to all students at no cost; and (6) administrative support from building principals and central office staff regarding leadership and the allocation of resources.

91 Hillman, S. B., & And Others. ***Survey results of use of drugs and alcohol among high school students***. Ann Arbor, MI: ERIC Clearinghouse. 26p.. (RIEDEC90).

Student volunteers (N=190) from a suburban Detroit high school population completed an instrument measuring student, parent, psychological, and social factors in relation to substance use and abuse. Analysis of data revealed that alcohol was the most widely used substance among the students, followed by cigarettes and marijuana, in that order. Each of the remaining seven substances (inhalants, cocaine/crack, hallucinogens, stimulants, sedatives, tranquilizers, and other narcotics) was used by less than 8% of the students surveyed. Females reported using wine more often than did males; there were no significant differences between males and females in use of beer, liquor, cigarettes, or marijuana. Beer, cigarette, and marijuana use appeared to increase as grade level increased. Students who reported higher levels of participation in school activities reported less substance use. Parental employment status did not correlate significantly with levels of substance use. Approximately 20% of the sample reported negative life events related specifically to substance use. Twenty-three percent reported driving a car while under the influence of drugs or alcohol; 48% reported riding in a car while the driver was under the influence. The findings support the premises that adolescent substance use increases with age and that a poly-drug use phenomenon can be observed in this population. Students identified substance abuse counselors as the best source of accurate and complete drug information.

92 Hingson, R. W., Strunin, L., Berlin, B. M., & Heeren, T. (1990). **Beliefs about AIDS, use of alcohol and drugs, and unprotected sex among Massachusetts adolescents**. *American Journal of Public Health, 80*(3), 295-299.

In August 1988, 1,733 Massachusetts 16-19-year olds were surveyed by telephone using anonymous random digit dialing (response rate=82%). Logistic regression tested whether alcohol and drug use, perceived susceptibility to human immuno-deficiency virus (HIV), severity of HIV if infected, effectiveness of condoms in preventing infection, barriers to condom use, and behavioral cues such as exposure to media or personal communication about acquired immuno-deficiency syndrome (AIDS) were independently related to condom use. Among sexually active respondents (61%), 31% reported always using condoms. Respondents who believed condoms are effective in preventing HIV transmission, and those who worried they could get AIDS were 3.1 and 1.8 times, respectively, more likely to use condoms all the time. Respondents who carried condoms and who had discussed AIDS with a physician were 2.7 and 1.7 times, respectively, more likely to use them. Those who believed condoms do not reduce sexual pleasure and would not be embarrassed if asked to use them were 3.1 and 2.4 times, respectively, more likely to use condoms. Teens who averaged five or more drinks daily or used marijuana in the previous month were 2.8 and 1.9 times, respectively, less likely to use condoms. Among respondents who drink and use drugs, 16% used condoms less often after drinking, and 25% after drug use. Those counseling adolescents about HIV should assess and discuss beliefs outlined in the Health Belief Model, as well as their alcohol and drug use.

93 Inciardi, J., & Pottinger, A. (1991). **Kids, crack, and crime.** *Journal of Drug Issues, 21*(2), 257-270.

As part of a larger study, 254 crime-involved youths in Miami were interviewed on the street about their drug use, crimes and—in more detail—experiences with crack cocaine. In this strongly drug- and crime-involved sample, greater participation in the crack business was clearly associated not only with more crack use and more drug sales, but also with more frequent use of other drugs and more crimes against property and persons. The criminogenic influence of the crack trade is discussed in relation to both media reports and the classic drugs/crime pattern first identified for heroin users.

94 Iso-Ahola, S. E., & Crowley, E. D. (1991). **Adolescent substance abuse and leisure boredom.** *Journal of Leisure Research, 23*(3), 260-271.

39 adolescent substance abusers, most of whom had histories of mixed or poly-substance abuse ranging from six months to six years, were studied to test the hypothesis that adolescent substance abusers are more likely to experience leisure as boredom than non-substance abusers. The data supported this hypothesis. It was also found that substance abusers had a tendency to participate more frequently in leisure in general and physical recreation activities in particular. But they also engaged in certain social activities more frequently, such as going for a drive and going to concerts than non-substance abusers. Because of their personality predisposition toward sensation seeking and low tolerance for constant experiences, substance abusers presumably prefer active leisure lifestyles. But if leisure activities fail to satisfy their need for optimal arousal, leisure boredom results and drug use may be the only alternative. Whether leisure boredom is a cause or an effect or both of drug abuse, however, is yet to be determined. As for practical implications, the findings suggest that a more experiential approach in treating adolescent substance abusers may be a better method of handling the problem of substance abuse than traditional cognitive and more passive approaches.

95 James, M. R. (1990, December). **Adolescent values clarification: A positive influence on perceived locus of control.** *Journal of Alcohol and Drug Education, 35*(2), 75-80.

Locus of control assessments were used to monitor a specific aspect of an adolescent chemical dependency program: song lyric analysis activities showed short-term modifications in experimental group's (N=10) perceived locus of control. No improvements were noted in matched control group's locus of control. The activities consisted of four one-hour music therapy discussion groups, led by a Board-Certified Registered Music Therapist, and using popular music which was familiar to the participants. Findings suggest that addictions counselors can successfully influence adolescents' perceived locus of control.

96 Johnson, B. D., Wish, E. D., Schmeidler, J., & Huizinga, D. (1991). **Concentration of delinquent offending: Serious drug involvement and high delinquency rates.** *Journal of Drug Issues, 21*(2), 205-229.

The association between delinquency and drug use was examined in a secondary analysis of annual rates of the two factors, while controlling for the type of offenders/drug users. Data

were taken from a national youth survey, where the subjects were ages 14 to 20. Youths were classified into drug user and delinquent typologies representing more serious involvements. Annual rates of delinquent offending increased directly with more serious drug involvements, even when controlling for delinquent type. Less than 2 of all youths reported two or more index offenses and used cocaine/heroin. These youths had such high delinquency rates that they accounted for 40-60 of various felony crimes (robbery, felony theft, drug sales) and a disproportionate share of all marijuana and other drugs used. Yet less than a quarter reported that their recent non-drug crimes were primarily motivated to obtain money for drugs. Even in a national probability sample, delinquency is highly concentrated among a very small proportion of substance using delinquents.

97 Johnson, C., Pentz, M., & Weber, M. (1990). **Relative effectiveness of comprehensive community programming for drug abuse prevention with high risk and low risk adolescents.** *Journal of Consulting and Clinical Psychology, 58*(4), 447-456.

In a longitudinal experimental study of a comprehensive, community-wide prevention program, 8 representative Kansas City communities were assigned randomly to program (school, mass media, and community organization) and control (mass media and community organization only) conditions. Programs were delivered at either 6th or 7th grade, and panels were followed through grade 9 or 10. The primary findings were significant reductions at 3 years in tobacco and marijuana use and equivalent reductions for youth at different levels of risk. These findings show that a comprehensive community program based approach can prevent the onset of substance abuse and that the benefits are experienced equally by youth at high and low risk.

98 Johnson, N. P., Stands, B. O., & Eames, M. (1990). **Baby bottles and family rattles: Children and substance abuse.** *Journal of the South Carolina Medical Association, 86*(1), 32-37.

It is suggested that patterns of abstinence and problem drinking manifested early tend to continue. It is further noted that adolescents tend to overestimate use behaviors in their peers by factors as high as eight. Adolescents tend to have weak orientations to the future, especially regarding consequences of risks; but college-bound adolescents tend to have a stronger orientation to the future. Many adolescents seem to see the future as dismal when they do think about it, and to be doubtful about their abilities to influence the future.

99 Johnson, V., & Pandina, R. J. (1991). **Effects of the family environment on adolescent substance use, delinquency, and coping styles.** *Journal of Drug and Alcohol Abuse Am, 17*(1), 71-88.

The overall and relative contributions of a variety of family environment measures to a child's alcohol, marijuana and other drug use, delinquent activity, and dysfunctional methods of coping with problems were examined in a population of 1,380 of new Jersey adolescents (90% White). The family environment variables tapped aspects of parental behaviors and attitudes, parenting styles, and family harmony and cohesion. Data were collected as part of a prospective, longitudinal study that examined the acquisition and maintenance of a variety of behaviors. Data were gleaned at two points in time, spanning 3 year intervals, from subjects

ranging in age from early to late adolescence. In general, alcohol use among the younger subjects was more strongly determined by the use and attitudes of the same sex parent. In contrast, among older subjects, father's alcohol use was important to the offspring's use. While models predicting illicit drug use and the extent of problems related to alcohol and marijuana use fared least well, it was generally found that hostility and lack of warmth on the part of parents contributed most to these outcomes in subjects.

100 Kandel, D. B. (1990, August). **Early onset of adolescent sexual behavior and drug involvement.** *Journal of Marriage and the Family, 52*(3), 783-798.

Event history analysis was used to investigate the dynamic relationship between drug use and sexual activity prior to age 16. The data are from the two youngest birth cohorts (N = 2,711) of the National Longitudinal Survey of Young Adults, a nationally representative sample of young Americans. Models were estimated separately for all males and females, and among Whites, Blacks, and Hispanics. When other important risk factors, including socio-demographic characteristics, family intactness, biological maturity, conventionality, and school contest were controlled, reported prior use of cigarettes, alcohol, marijuana, and other illicit drugs greatly increases the risk of early sexual activity for adolescent males and females. The higher the stage of drug involvement and the earlier the reported onset into drugs, the greater the probability of early sex. These patterns appeared for each ethnic group, although they were weaker among blacks. Implications of the findings for "problem behavior" perspective are discussed. The identification of drug use as a highly significant potential risk factor for adolescent sexual behavior assumes special importance because of the relationship between intravenous drug use and the transmission of the HIV virus.

101 Kandel, D. B. (1990, February). **Parenting styles, drug use, and children's adjustment in families of young adults.** *Journal of Marriage and the Family, 52*(1), 183-196.

Child-rearing practices and child adjustment were examined in a longitudinal cohort of young adults for whom detailed drug histories are available. Analyses were based on a dyadic sample of 222 parents and their oldest child aged 6 years or older. Parents who used punitive discipline methods or disagreed with their spouses about discipline were more likely to report that their children were aggressive, had control problems, and were disobedient. Parents who reported that they were close to their children were more likely to report that the children were well adjusted, did not have control problems, were independent, and were close to their parents. Maternal child-rearing patterns were correlated with a wider range of children's behaviors than were paternal patterns. Few relationships were observed between three measures of parental drug involvement or heavy drinking and parental child-rearing practices. By contrast, a relatively strong pattern emerged between maternal drug involvement and child behaviors. For all three measures of drug involvement, mothers who were more heavily involved in drugs reported more control problems with their children. Fewer associations were observed with respect to fathers, and in half the instances, the associations were opposite in direction to those expected. The finding of an effect of parental drug use on child control problems has important implications, since conduct problems in childhood and early adolescence were thought to be one of the most important precursors of adolescent drug use as well as delinquency.

102 Kaufman, E. (1990). **Adolescent substance abusers and family therapy.** A. S. Friedman, & S. Granick (Eds.), *Family Therapy for Adolescent Drug Abuse*, (pp. 47-61). Lexington, MA: Lexington Books. Reprinted from M. P. Mirkin and S. L. Koman (Eds.), *Handbook of Adolescents and Family Therapy*, New York: Gardner Press, 1985.

The role of the family in adolescent substance abuse and the application of family therapy are discussed under these topic headings: early family system reactions to adolescent substance abuse; family reactions to severe and prolonged adolescent substance abuse; family factors that prevent adolescent substance abuse; general principles in the family therapy of adolescent substance abusers; and basic rules of thumb in treatment. Examples of family case studies are given.

103 Kilty, K. (1990). **Drinking styles of adolescents and young adults.** *Journal of Studies on Alcohol, 51*(6), 556-564.

Drinking among adolescents and young adults has received more attention during the recent past, but little research has focused on the drinking styles that might characterize younger people. The set of 55 normal drinking behaviors was factor-analyzed, yielding a six factor structure. The first four factors were quite similar to previous work on adult drinking styles, and the remaining two factors clearly related to the drinking of younger people. Several of the normal drinking factors were significant predictors of the problem drinking scores, suggesting that certain styles of drinking are more likely than others to lead to later problems.

104 Kim, S., McLeod, J. H., & Shantzis, C. (1990). **A short-term outcome evaluation of the "I'm Special" drug abuse prevention program: A revisit using SCAT Inventory.** *Journal of Drug Education, 20*(2), 127-138.

The short-term outcome of the "I'm Special" (ISP) drug abuse prevention/education program was reported to establish a conceptual link between longitudinal observations and short-term outcome. The 3rd-grade students (N=270) in the Charlotte-Mecklenburg public schools, in Charlotte, North Carolina, were evaluated with the children's Self-Concept Attitudinal (SCAT) Inventory. The instrument was administered before and after the program, without a control group, so the treatment effect of ISP was estimated on the basis of individual growth curve models. ISP appears to have generated positive changes along six attitudinal dimensions included in the SCAT Inventory, which have shown close relationships to student performance at school: student-teacher relationship, self-esteem, attitude toward school, basic social values, advanced social values, and perception of family cohesiveness. It is estimated that ISP is capable of generating a significant amount of positive attitudinal changes on a short-term basis over four months. These findings are consistent with the conclusions obtained from the longitudinal study on ISP, where student alcohol-and-other-drug-using behavior and other related student problem behaviors were significantly lower among the ISP recipients than non-recipients of the program.

105 Klepp, K., & Perry, C. L. (1990). **Adolescents, drinking, and driving: who does it and why?** In R. J. Wilson, & R. E. Mann (Eds.), *Drinking and driving: Advances in research and prevention* (pp. 42-67). New York: Guilford Press.

This chapter discusses recent research on the problem of adolescent drinking and driving with emphasis on risk and predictive factors for the development of adolescent drinking and driving behaviors. A theoretical model of the relationship among factors that influence drinking and driving among adolescents is presented; the model considers demographic factors, personality factors and value systems, perceived environment and family and friends' influence, and behavior factors, including conventional and problem behaviors and drinking and driving behaviors. The latter include risk taking behaviors, smoking and marijuana use, problem drinking, driving, skills related to drinking and driving, riding with a driver who has been drinking, partying in a car, intentions to drink and drive, and modeling of drinking and driving. The results of a baseline and cohort follow-up study on the prevalence of drinking and driving among adolescents, intentions to drink and drive, and factors associated with adolescent drinking and driving are discussed. The overall results of the study indicated that personality, perceived, behavioral, and demographic factors accounted for about 50 percent of the reported variance in drinking and driving at baseline and allowed for the prediction of which students would begin to drink and drive within the following 5 months. The results also indicated that drinking and driving is a part of a large syndrome of drinking and driving-related behaviors. The development of school-based, peer-led educational prevention programs targeting adolescents under the driving age is suggested.

106 Klitzner, M., Bamberger, E., & Gruenewald, P. J. (1990). **Assessment of parent-led prevention programs: A national descriptive study.** *Journal of Drug Education, 20*(2), 111-125.

This article reports on the first, large scale, systematic, descriptive study of parent-led prevention programs. The study explored the history of parent groups, their structure and activities, the roles of participants in the groups and the perceptions of parents, youth, and community leaders of the groups. Robust small sample analysis techniques were used to evaluate the process data collected in this study. The results indicate that parent-led prevention is an active, although relatively small-scale grass-roots movement. Broad support for the movement exists within the communities where groups arise, and the presence of parent-led programs leads to greater support for community agencies. This support is a major mechanism by which parent groups alter the community climate, allowing agencies to implement policies that might otherwise be considered too controversial to be accepted.

107 Klitzner, M., Gruenewald, P. J., & Bamberger, E. (1990). **Assessment of parent-led prevention programs: A preliminary assessment of impact.** *Journal of Drug Education, 20*(1), 77-94.

A preliminary evaluation was made of the impact of parent-led prevention groups on youthful drug and alcohol use, and of the extent to which families involved with parent-led prevention programs reported improvement in family relations and increases in parental control of children's social activities: two major mechanisms by which parent-group advocates claim that their activities alter youth substance-use patterns. Consistent with the claims of parent-group advocates, the results suggest that the parent groups did have some impact on family relations

and on parental control of children's social activities. The evidence for an impact on drug and alcohol use was, however, weak. A somewhat unexpected finding was that parents who become involved in parent-led prevention activities may not be those parents whose children are at highest risk.

108 Klitzner, M., Gruenewald, P., & Bamberger, E. (1991). **Cigarette advertising and adolescent experimentation with smoking.** *British Journal of Addiction, 86*(3), 287-298.

The extent to which cigarette advertising contributes to increases in smoking had been debated by public health professionals and the tobacco industry. One aspect of this debate has been the degree to which advertising influences smoking among adolescents. Previous research suggests that there are significant relationships between measures of advertising and smoking. However, potential simultaneous relationships between these measures have not been addressed. Observed correlations may arise from the effects of advertising in smoking or from smoker's selective exposure to advertisements. The relationships between cigarette advertising and smoking experimentation were examined using environmental and psychological measures of advertising exposure of a sample of 295 students from grades 5-12. The 122 subjects who had experimented with cigarettes (41%) were better able to recognize advertised products than those who had not, a selective exposure effect. Conversely, subjects who were better at recognizing advertised brands were more likely to have experimented with cigarettes, an effect due to their exposure to cigarette advertising.

109 Kumpfer, K. L., & Turner, C. W. (1991). **Social ecology model of adolescent substance abuse: Implications for prevention.** *International Journal of the Addictions, 25*(4a), 435-464.

A comprehensive theoretical model of adolescent substance abuse, the social ecology model, was developed. The model includes peer influence, school bonding, self-efficacy, and family and school climate variables. Several competing variations of the model were empirically tested using a confirmatory multivariate methodology (Lisrel) on a high school sample (N=1373). Self-efficacy and school bonding collapsed into a single factor, which was significantly predicted by the family and school climate latent variables. These findings suggest that prevention approaches should include interventions effective in improving family and school climate for youths in addition to improving self-efficacy, school bonding, and peer relations.

110 Labouvie, E. W., Pandina, R. J., White, H. R., & Johnson, V. (1990). **Risk factors of adolescent drug use: An affect-based interpretation.** *Journal of Substance Abuse, 2*(3), 265-285.

The continuity and stability of relational patterns among putative risk factors and measures of total drug use over the age period of 12 to 18 was examined in a sample of 874 New Jersey adolescents, gender-balanced, and 89% White, using Marlatt's affect-based model of moderation versus dependence. Risk factors were classified on the basis of their assumed relationships to a positive and negative effect and low versus high constraint. It was hypothesized that two distinct developmental pathways characterize the emergence of drug use in a normal population sample of adolescents: one indicative of low constraint and a

predominance of positive affect, the other indicative of low constraint and a predominance of negative affect. Results of principal components analyses generally support the hypothesis. Negative affect seems to account for considerably more variance than positive affect: negative affect use is likely to constitute a greater risk for drug dependence. Dependence seems even more likely when both negative and positive affect use are present.

111 Leventhal, H., Keeshan, P., Baker, T., & Wetter, D. (1991). **Smoking prevention: Towards a process approach.** *British Journal of Addiction, 86*(5), 583-587.

Current studies of smoking prevention treat the adolescent as a target of influence, emphasizing the acquisition of skills for resisting peer pressure and giving too little attention to motivation for resistance. Studies consistent with this social learning framework show moderate reductions in the incidence of smoking for the short term; however, recent long-term follow-ups show no reduction in experimental over control conditions. A reexamination of the influence framework is proposed, with the suggestion that adolescents use smoking and attire to project an image of self that will increase the likelihood of success in the formation of relationships in which participants share feelings and attitudes toward each other and the adult world. In prevention efforts, adults focus upon external, perceptible, and remote threats, portraying smoking as evil, a response to peer pressure, and a long term threat to health; ignoring discourse about proximal, subjective feelings respecting the changing sexual urges and feelings of social anxiety that accompany anxiety. The socialization of these affects is left to the peer group. It is suggested that future programs intensify their focus on motivation for resisting smoking based upon a revised view of the adolescents' objectives in self-definition, and combine this with the best of the current skills approach.

112 London, D. P. (1990). ***Black adolescent alcohol abusers: Severity of alcohol use, history of child abuse, and current level of depression.*** (Unpublished doctoral dissertation, Boston University, Boston, MA). *Dissertation Abstracts International, 50*(10), 3188-A.

The interrelationships among alcohol use, child abuse, and depression among Black adolescent problem drinkers were studied in 60 patients (30 female, 30 male) at an outpatient alcohol abuse clinic. They completed intake protocols eliciting data on substance use, depression and violence. Statistical analyses included t-tests, Pearson product moment correlation coefficients and multiple regression. Several hypotheses were tested: the first, that most adolescents would have a history of child abuse victimization, was not supported; the second, that the greater the severity of problem drinking, the greater the extent of child abuse, was not supported for either sex; the third, that sexually abused girls would have a greater degree of problem drinking than non-sexually abused girls, was not supported; and the fourth, that there would be a strong positive relationship between severity of alcohol abuse and incidence of family violence, was supported only for the boys. It was also shown that girls were more depressed than boys; that both sexes were poly-drug abusers, with more than half the sample using cocaine often; and that the adolescents indicated lack of bonding to both peers and family.

113 Looff, D. H. (1990). **Recognizing and treating attention deficit disorders in chemically dependent adolescents.** *Journal of Adolescent Chemical Dependency, 1*(1), 5-30.

A narrative account is given of several case histories involving attention-deficit disorder in chemically dependent adolescents, showing how the disorder was recognized and diagnosed. It is suggested that unrecognized and untreated, the disorder creates problems which may place youth at risk for chemical dependency; and that appropriate interventions in a young child with an attention deficit disorder will spare the child misery and humiliation resulting from under-achievement, and may well prevent or at least reduce that child's risk for developing chemical dependency later.

114 Lopez, J., Redondo, L., & Martin, A. (1989). **Influence of family and peer group on the use of drugs by adolescents.** *International Journal of the Addictions, 24*(11), 1065-1082.

The study of the effect of family and peer group variables on drug use among male adolescents shows that both the drug consumption behavior of parents and peers, and their relationships with the adolescent have an important influence on the latter's own use patterns. With respect to adolescents who do not consume drugs, users of both legal and illegal drugs reported less affectionate family relationships, greater drug consumption by both parents, greater contact with drug consuming peers, and greater identification with and participation in unconventional groups and activities. These findings coincide to a large extent with the assumptions of some of the main theories of deviant behavior (social control theory, differential association theory, and social learning theory) which suggests the desirability of integrating these theoretical models in an attempt to provide an exhaustive explanation of the genesis and maintenance of drug use by adolescents.

115 Low, K. (1990). **Twenty years on: Two public initiatives to empower youth.** *Journal of Drug Issues, 20*(4), 5859-598.

The War on Drugs approach to prevention is hampered by a lack of strategic sense and alternative approaches are needed. To be successful, prevention must be based on a clear understanding of the nature of the problem and the resources available to solve it. Two such strategic initiatives were started in 1970 in the Canadian province of Alberta, focusing on developing independent thinking and judgement, rather than pressuring youth into doing as they are told. Results have been positive, and work continues to develop an informed and constructive approach to preventing the causes of drug dependence in the population by emphasizing human and social development.

116 Mangham, C. R. (1990). ***Adolescent abstainers from alcohol: Longitudinal follow-up and cross-sectional comparisons.*** (Unpublished doctoral dissertation, University of Oregon, Eugene). *Dissertation Abstracts International, 50*(9), 2797-A.

Drinking patterns, factors in abstinence, and drinking influences were explored among 355 grade 12 Canadian adolescents. Subjects who had been abstainers in grade 9 were interviewed regarding their abstinence, onset of drinking, the role of alcohol in friendship/popularity and their leisure and academic pursuits. Three alcohol use groups emerged in the study: subjects still abstaining in grade 12 (n=27), subjects beginning to drink since grade 9 (n=63), and subjects already drinking by grade 9 (n=265). Oriental and East Indian subjects were more likely to be abstainers or late onset drinkers than Caucasians. Subjects starting to drink since grade 9 experienced a sharper increase in frequency and extent of pressure to drink than abstainers. However, all three groups reported surprisingly little influence to drink, especially from the media. Ethnicity and attitudes were the best predictors of alcohol use category, using discriminant analysis. Religiosity was also important to many abstainers interviewed, who tended to have very few drinking friends. Late onset drinkers tended to drink lightly, supporting the relationship between age of drinking onset and risk of alcohol problems.

117 Marechal, C., & Choquet, M. (1990). **Alcohol prevention among adolescents: A French experiment.** *Drug and alcohol dependence, 26*(3), 227-233.

Under the guidance of experts, 120 secondary school students from three wine-producing and three other areas of France discussed their experience with alcohol, assessed the value of materials used in primary prevention programs, produced themselves such materials, and evaluated the impact of the different approaches. From the affective and cognitive interactions resulted a noticeable change of the participants' attitude.

118 Martin, M. J., & Pritchard, M. E. (1991, January). **Factors associated with alcohol use in later adolescence.** *Journal of Studies on Alcohol, 52*(1), 5-9.

The relative influence of a number of family and individual characteristics on the frequency and intensity of alcohol use in a group of older adolescents was assessed. The sample consisted of 8,661 persons ranging in age from 20 to 21 years obtained from the high school and beyond study. Logistic regression analyses performed on both frequency and intensity of alcohol use indicated that white males from higher socioeconomic backgrounds, living in urban or suburban areas, having an external locus of control, and a weak family orientation, tended to drink more frequently and consume a larger quantity of alcohol per drinking episode. Results are explained from a socio-cultural perspective.

119 Mason, D. T. (1990). ***An empirical examination of a mixed bonding model of adolescent substance use.*** (Unpublished doctoral dissertation, University of Iowa, Iowa City). *Dissertation Abstracts International, 50*(11), 3744-A.

Recent research suggests that social bonding is primarily mediated by the differential peer association process. This study investigates how well a mixed bonding model of adolescent drug and alcohol use does in accounting for adolescent substance use or if social bonding processes are mediated by peer association factors when it comes to this type of misconduct. Using data from Bachman et al.'s Youth in Transition survey for 1982, a mixed bonding model of adolescent substance use was assessed using the Lisrel program. This model contained measures of all bonding variables, as well as structural and peer process measures drawn from differential peer association. Analysis revealed that the model provided an adequate fit with the data: an AGFI of .852 was obtained. The causal analysis indicated that differential peer association had the greatest effect on an adolescent's lifetime use of mood-altering chemicals and mediated the impact of the bonding factors. The only bonding dimensions to have a direct impact on substance use was education commitment and commitment to adult status, although the latter's effect parameter was quite small. Socioeconomic status and sex bore a direct relationship with adolescent substance use, effects which were not hypothesized. The model accounted for about 57 percent of the variation in adolescent substance use.

120 Massey, R. F. (1990). ***Alcohol abuse prevention based on altering expectancies for alcohol's effects.*** (Unpublished doctoral dissertation, University of South Florida, Tampa). *Dissertation Abstracts International, 50*(10), 4777-B.

This dissertation tested expectancy theory and the potential approach to alcohol abuse prevention of reducing alcohol consumption via reducing alcohol expectancies. An "Expectancy Program's" efficacy was compared to two other programs, with social-drinking undergraduate females. All subjects' expectancies declined significantly, possibly because of repeatedly administering this measure and drinking monitoring. However, these changes appeared most potent for Expectancy Program subjects whose alcohol consumption decreases were most reliable; both high- and low-level drinkers, defined by a median-split of all subjects, maintained significant drinking reductions. No subjects significantly changed their alcohol attitudes. Results provide limited support for expectancy theory, but improvements are needed in measuring alcohol expectancies. Results also indicated potential utility for the Expectancy Program's format and content in alcohol abuse prevention programs.

121 Massey, R. F., & Neidigh, L. W. (1990). **Evaluating and improving the functioning of a peer-based alcohol abuse prevention program.** *Journal of Alcohol and Drug Education, 35*(2), 24-35.

A method was developed for empirically evaluating the functioning of a peer-based alcohol abuse prevention organization for college students, subsequent to subjective observations of various problems. The results were used in designing a three-part intervention aimed at improving the organization's functioning by increasing student control, enhancing cohesiveness, and providing training in leadership skills and knowledge about alcohol use and abuse. A reassessment one year later indicated that the intervention had a positive impact on

the organization's functioning, although some problems continued. The method and results of the evaluation and intervention are discussed.

122 Mayo, B. (1990, March). **Striving for drug-free schools.** *The Practitioner, 16*(3), 8.

Principals can effectively confront the problem of student drug abuse by working with public and private resources, school and community leaders, law enforcement, and treatment and counseling professionals. The most effective school drug education programs include a well-orchestrated K-12 curriculum. The "Just Say No" approach provides students with tools to cope, rather than simply emphasizing scare tactics like adverse health and social and legal consequences. A local school substance abuse team comprised of an assistant principal, counselors, parent representatives, and teachers is the most realistic approach to the problem. The team's responsibilities should include education, intervention, referral, and development of drug-free alternatives for students. All staff members must be aware of the typical characteristics of the substance-abusing student. The principal's primary responsibility is to create and enhance a drug-free educational environment by ensuring that mutually supporting policies, curricula, and cooperative efforts are in place. Directory information is provided concerning available program resources, national hotlines, national anti-drug organizations, and support groups. Program development guidelines for substance abuse education and prevention programs are illustrated by examples from eight schools.

123 Mayton, D. M. I., Nagel, E. A., & Parker, R. (1990). **The perceived effects of drug messages on use patterns in adolescents.** *Journal of Drug Education, 20*(4), 305-318.

This study was undertaken with the goal of assessing perceived value of the media and other sources as credible providers of drug information. The strategy was designed to learn which sources have utility and credibility with youth in providing drug information; whether different message content and delivery style have differential effects upon that group; and whether widely held perceptions voiced by parents and teachers about their ineffectiveness as information sources were accurate. Subjects (N=223) were adolescents randomly selected by their principals. Double-blind interviews, arranged to protect respondent anonymity, were conducted by trained interviewers from a research methods class. No interview was held when either an interviewer or respondent knew the other. Among the important findings of the study are that: (1) parents and teachers were trusted; (2) doctors, nurses, law officers, and clergy were also credible but not visible to youth; (3) the "evil media" and celebrity fears of parents and teachers were largely ungrounded in adolescent perception; and (4) factual information from credible sources emphasizing the range of types of negative consequences associated with drug use could exert powerful effects upon adolescents' reported personal use of drugs.

124 McBroom, J. R. (1990). ***Family and peer effects upon adolescent chemical use and abstinence.*** (Unpublished doctoral dissertation, University of North Texas, Denton). *Dissertation Abstracts International, 50*(9), 3063A-3064A.

A questionnaire survey in a single school district investigated the effects of family factors, peer factors, school problem behaviors, and psychosocial factors on adolescents' use of or abstinence from alcohol, marijuana, and other drugs. Following a review of literature, a

theoretical framework incorporating family socialization theory was used to operationalize variables, develop indices, and generate hypotheses to be tested, as well as develop a general model of adolescent alcohol and other drug use and abstinence, incorporating the predictor variables. For both junior high school students and high school students, users of alcohol, marijuana, and other drugs were found to score higher on the Family Factors index, the Peer Factors index, School Problems index, and the Psychosocial Factors index. The model differed between alcohol and marijuana users, defining the conditions under which an adolescent is more likely to use or abstain from marijuana. While both family and peer factors affected the adolescents' choices of use or abstinence, the strongest predictor of use/abstinence was the peer use and attitudes factor. Family factors tended to be stronger in the younger age/grade levels than in the higher age/grade levels, as predicted from the theoretical framework.

125 McIntyre, K., White, D., & Yoast, R. A. (1990). ***Resilience among high-risk youth***. Madison, WI: Wisconsin Clearinghouse, University of Wisconsin.

The concept of risk factors is only one component necessary to understanding the range of youth drug-related behaviors; a second component, protective factors, those which mediate or mitigate the risks for substance abuse, are at least as important. The literature from the mental health and alcohol and other drug abuse fields is reviewed, and issues for research are discussed. Evidence seems to indicate that resilience lies not in avoidance of stress, but in mastering stress—interventions must carefully avoid teaching avoidance and interfering with mastery, and leading to learned helplessness.

126 Mellander, D. H. (1990). ***Children of alcoholics: High-risk students in the classroom***. (Unpublished doctoral dissertation, Seattle University, Seattle, WA). *Dissertation Abstracts International, 50*(10), 3123A-3124A.

A workshop for elementary school educators and school personnel was designed and developed to serve four basic purposes: (1) to create an understanding of alcoholism, the alcoholic family and the impact of alcoholism on the children of the alcoholic; (2) to identify coping mechanisms and characteristics displayed by children of alcoholics; (3) to build an awareness of behaviors exhibited in classrooms by children of alcoholics; and (4) to train school staff in developing programs and support systems for children living in the dysfunctionality of alcoholic homes. The materials for this project have been developed and presented in two documents. The first, entitled "Children of Alcoholics: High-Risk Students in the Schoolhouse" includes: (1) a review of the problems associated with children of alcoholics and the purpose and need of this study; (2) a review of the literature related to alcoholism and its impact on the family system; (3) the methodology in developing the training workshop for school personnel; (4) the basic findings of the workshop field-testing; and (5) the conclusions, implications and recommendations of the project. The workshop manual is the second document, entitled, "H.U.G. with C.A.R.E., which is the acronym for "Help Us Grow with Children-of-Alcoholics Recovery Experiences." This manual is designed to be utilized in a training workshop with certified and classified school personnel.

127 Miller, P. M., Smith, G. T., & Goldman, M. S. (1990). **Emergence of alcohol expectancies in childhood: A possible critical period.** *Journal of Studies on Alcohol, 51*(4), 343-349.

Previous investigations with adolescents (aged 12-19) have shown alcohol-related expectancies to develop in childhood prior to significant drinking experience and to co-vary directly with drinking behavior. To chart the development of alcohol expectancies in children as young as age 6, a procedure was developed to be as independent as possible of age-related variation in reading and language development. This instrument was administered to 114 elementary school children of both genders, distributed across grades 1 to 5. Psychometric analysis provided evidence of the test's reliability and validity. No significant gender difference in scores was found except in the second grade. Evaluation of the developmental pattern produced two primary findings: (1) there was an overall trend of increasingly positive expectancies with age; and (2) strikingly, the bulk of the increase was observed in the third and fourth grades. Children's expectancies may be less differentiated than adolescent or adult expectancies. These findings suggest that the precursors for later alcohol use and abuse are formed in childhood and that prevention efforts may need to begin as early as third grade.

128 Moberg, D. P., & Piper, D. L. (1990, June). **Obtaining active parental consent via telephone in adolescent substance abuse prevention research.** *Evaluation Review, 14*(3), 315-323.

A study of the use of verbal active parental consent, obtained via telephone, for drug abuse prevention research among 2,948 adolescents is reported. Using this approach as a follow-up to mailings requesting written consent, researchers were able to contact a parent for 96% of the students.

129 Moncher, M. S., Holden, G. W., & Trimble, J. E. (1990). **Substance abuse among Native American youth.** *Journal of Consulting and Clinical Psychology, 58*(4), 408-415.

Substance use and abuse poses serious risks for American Indian youth, their families, and their communities. Relevant social epidemiological data is reviewed, with a discussion of culturally relevant etiological factors. Current strategies for identification of youth at high risk for substance abuse are highlighted, concentrating primarily on the theoretical and methodological aspects appropriate for this population. In this context, data from recent work are reported. Given the nascent state of culturally appropriate prevention technology, issues of sensitive technology transfer, and stereotyping are discussed in the context of current research. 1,147 students in grades four and five (mean age=10.27, 93 Indian) were surveyed on knowledge and attitudes on substance use, use rates, and future intentions to use; assessments were also made of acculturation, propensity to risk-taking behaviors, school adjustment, and self-concept. Risk scale scores were strongly correlated with reported use, and splitting scores into high- and low-risk groups produced significantly different mean use rates. The highest correlation with risk scores was with lifetime smokeless tobacco use, followed by lifetime smoked tobacco use and lifetime alcohol use. Study results from this sample, although dramatic, should not be overgeneralized to all American Indian youth.

130 Myers, M. G., & Brown, S. A. (1990). **Coping responses and relapse among adolescent substance abusers.** *Journal of Substance Abuse, 2*(2), 177-189.

Self-generated coping strategies and efficacy ratings in situations of high risk for relapse were studied among 50 patients admitted to two adolescent drug and alcohol treatment programs in San Diego. Coping responses and self-efficacy assessments were elicited for self-generated high risk for relapse situations in which all teens successfully abstained and for responses generally used in such situations. Abstainers and relapsers were predicted to generate similar responses for successful abstinence situations, while relapsers were expected to generate fewer coping strategies and lower self-efficacy for high-risk relapse situations in general. Teens with the poorest drug-use outcome reported use of significantly fewer problem-solving coping strategies and self-efficacy in general-risk relapse situations. Results are discussed in relation to cognitive behavioral theory of relapse and to previous findings on the process of relapse in teen substance abusers. It is suggested that adolescents prepared for relapse situations with behavioral strategies are less likely to return to abuse.

131 Nathan, P. E. (1990). **Prevention and early intervention of addictive disorders.** In H. B. Milkman, & L. I. Sederer (Eds.), *Treatment choices for alcoholism and substance abuse*, (pp. 95-108). Lexington, MA: Lexington Books.

Recent literature concerning prevention and early intervention of alcohol and drug abuse is reviewed within the following topics: (1) some of the dimensions of drug abuse in the United States; (2) outcomes of treatment for long-term alcohol dependence; (3) alternatives to treatment: and (4) prevention and early intervention, including prevention (funding, public education programs, school-based programs, control of availability), early intervention with young adult alcohol mis-users, cognitive mediation of relapse-related phenomena, and treatment motivation and treatment outcomes.

132 National Commission on Drug-Free Schools. (1990, September). ***Final report: Toward a drug-free generation: A nation's responsibility.*** Washington, DC: National Commission on Drug-Free Schools.

This final report of the commission provides an outline of goals for achieving drug-free schools by the year 2000; an overview of drug problems among young people; a summary of students' views on alcohol, tobacco, and other drugs; and an outline of the roles and responsibilities of community groups and organizations. The commission's findings and recommendations provide observations about drug problems and suggest ways that schools and communities can begin to solve them. Examples are provided of some effective drug prevention programs and activities.

133 National Institute on Drug Abuse. (1990). ***National household survey on drug abuse: Main findings 1988***. Rockville, MD: Office for Substance Abuse Prevention.

The findings are presented of the 1988 National Household Survey on Drug Abuse, the ninth of a series designed to measure the prevalence and correlates of drug use in the USA. The representative sample consisted of 8,814 individual in households. The report provides three basic types of information: (1) data is presented about the prevalence of use of illicit drugs, alcohol, and tobacco for the total population and for four age groups: youth, young adults, middle adults, and older adults; (2) demographic correlates of the use of alcohol, tobacco, and other drugs are examined; (3) it provides information about patterns of illicit drug and alcohol use, trends in use since 1972, and perceptions of the risk from using them.

134 National Institute on Drug Abuse. (1990). ***NIDA Capsule: Drug abuse and AIDS campaign for teens "AIDS: Another way drugs can kill"***. Rockville, MD: National Institute on Drug Abuse.

The recent mass media campaign is described: it consists of public service announcements for television and radio and a 60-second spot for movie theaters.

135 National Institute on Drug Abuse. (1990). ***NIDA Capsule: Facts supporting NIDA's drug abuse and AIDS prevention campaign for teens***. Rockville, MD: National Institute on Drug Abuse.

The connection between drugs, risky behavior, and AIDS is explained. The use of alcohol and other drugs may influence a young person's decision to engage in unsafe sex.

136 National Institute on Alcohol Abuse and Alcoholism, & National Institute on Drug Abuse. (1990). ***National directory of drug abuse and alcoholism treatment and prevention programs***. (DHHS Publication No. ADM 89-1603). Washington, DC: U.S. Government Printing Office.

Treatment and prevention programs are listed, along with referral information.

137 Needle, R., Su, S., & Doherty, W. (1990, February). **Divorce, remarriage, and adolescent substance use: A prospective longitudinal study**. *Journal of Marriage and the Family, 52*(1), 157-169.

A sample of 1086 adolescents, predominantly (97%) White, middle class (41% of their families had annual incomes $30,-40,000, and 33% over $40,000 in 1982), and with well-educated parents, were administered a series of self-report measures of psychological adjustment and substance use over a 5-year period. Subjects were divided into three groups: those experiencing parental divorce during childhood, those experiencing parental divorce during their adolescent years, and those from continuously married families. The adolescence

divorce group was found to have greater overall drug involvement than the other two groups. Regression analyses, controlling for family environment, peer influences, and personal adjustment factors indicated that divorce had negative effects on boys but not girls; and custodial parents' remarriage led to increased substance use among girls and decreased reports of substance use consequences among boys.

138 Newcomb, M., Fahy, B., & Skager, R. (1990, September). **Reasons to avoid drug use among teenagers: Associations with actual drug use and implications for prevention among different demographic groups.** *Journal of Alcohol and Drug Education, 36*(1), 53-81.

Although research has focused on the reasons for using drugs among adolescents, reasons for avoiding drug use are more informative for prevention and education programs. This study examined five reasons to avoid drug use (addiction, punishment, lose friends, disappoint parents, and disappoint self) and perceived harmfulness of marijuana and alcohol in a sample of 2,926 students in grades 7, 9, and 11. Responses to these items were compared across sex, grade, ethnicity, and school type; as well as contrasted with the frequency of six types of actual drug use (alcohol, cannabis, cocaine, hypnotics, stimulants, and psychedelics); and compared within the demographic groupings. In latent variable analyses of each sex by grade grouping, avoidance reasons were only moderately related to harmfulness, whereas harmfulness was more negatively related to general drug use than was the avoidance reasons factor. Results of this study provide important information for specializing prevention and education programs for various age levels and other demographic variations.

139 Oetting, E. R., & Beauvais, F. (1990). **Adolescent drug use: Findings of national and local surveys.** *Journal of Consulting and Clinical Psychology, 58*(4), 385-395.

Adolescent drug use increased until about 1981, but since then it has steadily declined. Current data show some drug use in the 4th and 5th grades and considerable increases from the 6th to the 9th grades. For drugs such as marijuana, cocaine, and stimulants, lifetime prevalence continues to increase through high school; for drugs such as inhalants and heroin, lifetime prevalence may decline for grades 10, 11, and 12, suggesting that students who use these drugs early may drop out. Drug use of rural youth is similar to that of other youth. Barrio, ghetto, and Native-American reservation youth may have high rates of use, but use of Black and Hispanic seniors may be equivalent to or less than that of White seniors. National data and broadly defined ethnic data, however, may cover up important subgroup differences. For example, Western Mexican-American girls have lower use than Western Spanish-American girls, possibly because of the greater influence of "marianisma." Different locations may also have very different patterns of adolescent drug use, calling for different types of local intervention.

140 Office for Substance Abuse Prevention. (1990). ***Breaking new ground for American Indian and Alaskan native youth at risk: Program summaries.*** OSAP technical report 3. (DHHS Publication No ADM 90-1705). Washington, DC: U.S. Government Printing Office.

A portrayal of alcohol and other drug issues important to American Indians and Alaska Native youth is offered with summaries of 16 demonstration grants that provide promising prevention models for working with these youth.

141 Office of Substance AbusePrevention. (1990). ***Communities creating change: 1990 exemplary alcohol and other drug prevention programs.*** Rockville, MD: National Clearinghouse for Alcohol and Drug Information.

Ten exemplary 1990 Prevention Program models are described. These models illustrate a variety of approaches to the prevention of alcohol and other drug problems in diverse communities. They further demonstrate that prevention is best achieved through multiple strategies that address the unique characteristics, cultural diversity, and structure of each community in the Nation. These programs offer strategies designed for prevention practitioner, individuals interested in becoming involved in the field, and public policy-makers at the community, State, and national level.

142 Office for Substance Abuse Prevention. (1990). ***The Fact is. . . Alcohol and other drug use is a concern for African-American families and communities.*** Rockville, MD: National Clearinghouse for Alcohol and Drug Information.

Questions are answered about alcohol and other drug use among African-Americans in the United States and organizations and resources are identified that can help communities and families create or expand prevention programs.

143 Office for Substance Abuse Prevention. (1990). ***The Fact is. . . reaching Hispanic/Latino audiences requires cultural sensitivity.*** Rockville, MD: National Clearinghouse for Alcohol and Drug Information.

The values and traditions of the Hispanic/Latino culture are described with lists of organizations, agencies, and resources that promote the prevention of alcohol and other drug use.

144 Office for Substance Abuse Prevention. (1990). ***Prevention resource guide: Preschool children***. (DHHS Publication No. ADM 90-1733). Washington, DC: U.S. Government Printing Office.

Facts and figures about preschool children and alcohol and other drug prevention are presented. Relevant journal articles, monographs, videotapes, curricula, books, posters, and other resources for this age group are described.

145 Office for Substance Abuse Prevention. (1990). ***Prevention resource guide: Asian and Pacific Islander Americans***. (DHHS Publication No. ADM 90-1734). Washington, DC: U.S. Government Printing Office.

Facts and figures are presented about Asian and Pacific Islander Americans and alcohol and other drug prevention. Relevant journal articles, monographs, videotapes, curricula, books, posters, and other resources for these populations are described.

146 Oyemade, U. J., & Monye, D. B. (Eds). (1990). ***Ecology of alcohol and other drug use: Helping Black high-risk youth.*** OSAP prevention monographs 7. (DHHS Publication No. ADM 90-1672). Washington, DC: U.S. Government Printing Office.

Multi-cultural youngsters are over-represented among youth at high risk for alcohol and other drug problems, and are also particularly vulnerable for certain related serious problems, including precocious sexual behavior, teen pregnancy, infant morality, truancy, dropping out of school, delinquency, and youth gang involvement. Therefore, a holistic approach is particularly important in programs targeted to high-risk youngsters. The proceedings of a conference at Howard University's School of Human Ecology in 1987 focused on this problem. A comprehensive, ecological approach to address the factors related to alcohol and other drug use among Black high-risk youth is proposed.

147 Pandina, R. J., & Johnson, V. (1990). **Serious alcohol and drug problems among adolescents with a family history of alcoholism**. *Journal of Studies on Alcoholism, 51*(3), 278-282.

Data concerning adolescents' alcohol- and drug-using behaviors, as well as the drinking patterns of their parents, were obtained from a sample of 1,380 New Jersey youth born between 1961 and 1969. Initially tested between 1979 and 1981 at ages 12, 15, or 18, these subjects were re-tested two additional times at 3-year intervals (re-test rate = 92 percent). Offspring of families exhibiting a positive history of alcoholism (FH+) reported a serious alcohol or drug problem (including seeking treatment) at twice the rate of those without such backgrounds (FH-), and at about 1.5 times as high as the base rate for the entire sample. However, there were no significant differences between the two groups of troubled youth in terms of alcohol or marijuana use patterns or frequency of use-related negative consequences. Our data also illustrated that FH+ females were as likely as FH+ males to report a serious problem and that FH+ families reported a higher rate of having more than one troubled offspring. It is of special import that these results are based upon observations of a

community-based sample of adolescents and young adults in contrast to studies relying upon clinical samples and retrospective reports. 27 Ref.

148 Pardeck, J. T. (1991, March). **Using books to prevent and treat adolescent chemical dependency.** *Adolescence, 26*(101), 201-208.

Principles and strategies are reviewed for using the biblio-therapeutic process to prevent and treat adolescent alcohol and drug abuse. Synopses are given for several useful books that focus on chemical dependency.

149 Park, K. (1990). ***Relations of perceived friends' and parents' pressure and attitudes toward drinking to alcohol use: Changes during adolescence.*** (Unpublished doctoral dissertation, Purdue University, Lafayette, IN). *Dissertation Abstracts International, 50*(11), 5347-B.

To determine whether there are changes during adolescence in the relations of attitudes and the perceived pressure of friends and parents toward drinking to reported drinking, a sample of 7th, 9th, and 11th graders were surveyed. The questionnaire assessed perceived normative pressure, attitudes toward drinking, intentions to drink, and current involvement in drinking. The results showed that 7th graders intended to drink less, and were less involved in drinking, than were 9th and 11th graders. By contrast, perceived parental pressure did not vary with the age of the adolescents; all adolescents reported strong pressure from parents against drinking. The 7th graders expected more costs of drinking than 9th or 11th graders did. The 9th graders also perceived more costs of drinking than did 11th graders. On the other hand, perceived benefits of drinking did not differ with age. Both perceived pressure of friends and adolescents, and attitudes toward drinking, were strongly associated with adolescents' drinking intentions and behavior. The impact of perceived friends' pressure on drinking was constant across the three age groups. However, parental pressure decreased in importance for explaining adolescents' drinking with increasing age. As age increased, perceived benefits were more strongly associated with adolescents' drinking. Conversely, perceived costs became more weakly associated with their drinking between 7th and 11th grade. Thus, for younger adolescents, it may be most effective to emphasize the negative consequences of drinking, and for older adolescents, it may be most effective to teach them how to enjoy themselves without using alcohol.

150 Paulson, M. J., Coombs, R. H., & Richardson, M. A. (1990). **School performance, academic aspirations, and drug use among children and adolescents.** *Journal of Drug Education, 20*(4), 289-303.

The relationship between drug use, school performance, and academic aspirations among 446 Anglo and Hispanic youths, age nine to seventeen, is explored. Two groups of subjects—current substance users and non-users—were interviewed. Subjects in each comparison group were similar in age, ethnicity, and gender. Overall results, consistent with prior research, indicate a significant relationship between current school performance, future educational aspirations, and drug use. No difference was noted between substance use groups on indicators of general interest in school work or probability of dropping out of school. Important differences in response patterns occurring with age, ethnicity, and gender were found.

151 Pendorf, J. E. (1991). **The role of alcohol abuse in career decision-making readiness among high school students.** *Journal of Alcohol and Drug Education, 36*(3), 54-63.

The relationship between different levels of alcohol use and career decision-making readiness among high school students was examined in a population of 222 male and female students in Grade 10 (n=115) and Grade 12 (n=107) in rural Pennsylvania. Students in both grades were equally prepared to make career decisions, and no gender differences were found in career decidedness in either grade level. Surprisingly, students who were heavy users of alcohol scored higher on career decision-making readiness than students who used alcohol less frequently.

152 Pentz, M. A., Trebow, E. A., Hansen, W. B., MacKinnon, D. P., Dwyer, J. H., Johnson, C. A., Flay, B. R., Daniels, S., & Cormack, C. (1990, June). **Effects of program implementation on adolescent drug use behavior: The Midwestern Prevention Project (MPP).** *Evaluation Review, 14*(3), 264-89.

The relationship between level of program implementation and change in adolescent drug use behavior in the Midwestern Prevention Project was assessed. Results for 5,065 6th and 7th graders at follow-up are discussed in terms of research assumptions about the quality of program implementation and possible school-level predictors of implementation. Trained teachers implemented the program with transition-year students. Implementation was measured by teacher self-report and validated by staff reports. Adolescent drug use was measured by student self-report; an expired air measure of smoking was used to increase the accuracy of self-reported drug use. Regression analyses were used to evaluate adherence; exposure, or amount of implementation; and re-invention. Exposure had a significant effect on minimizing the increase in drug use from baseline to one year. Exposure also had a larger magnitude of intervention effect than experimental group assignment. Re-invention did not affect drug use.

153 Petchers, M., & Singer, M. (1990). **Clinical applicability of a substance abuse screening instrument.** *Journal of Adolescent Chemical Dependency, 1*(2), 47-56.

The clinical applicability of the perceived benefit of drinking and drug use scales was evaluated as an approach to screening for adolescent substance abuse on 260 consecutive admissions to an adolescent inpatient psychiatric unit. Evidence of convergent and divergent validity is presented. The scales' strong relationships with self-reported substance abuse indicators and clinical judgements support their use as proxy measures for assessing the substance involvement of adolescent psychiatric patients. Results indicate that the instrument is practical and easy to administer as part of clinical intake procedures.

154 Pickworth, W. B., Brown, B. S., Hickey, J. E., & Muntaner, C. (1990). **Effects of self-reported drug use and antisocial behavior on evoked potentials in adolescents.** *Drug and Alcohol Dependence, 25*(1), 105-110.

From a sample of 35 adolescents, 17 were chosen who represented extremes of self-reported drug use and delinquent behavior. Three comparison groups were derived: Group 1, n=7, high drug use/high delinquency; Group 2, n=4, no drug use/high delinquency; Group 3, n=6, no drug use/no delinquency. The three groups were similar for age, intelligence quotient (IQ), race, and neighborhood characteristics. Group 1 showed significantly more drug use than Groups 2 and 3; Groups 1 and 2 had comparable levels of delinquency which were significantly greater than Group 3. The subjects performed the auditory oddball task under conditions of low and high background noise. In the high background-noise condition, Group 1 had longer latency P300 responses than Groups 2 and 3, while Group 2 had smaller N100 amplitude than Groups 1 and 3. Performance was similar for each group and no group differences occurred in the low background-noise condition. The results support and extend previous research on the relationship between attentional and cognitive processes, and delinquent and drug using behaviors.

155 Pollard, J. A., & Austin, G. (1990, March). ***Substance abuse among juvenile delinquents and gang members.*** Prevention Research Update 6. Portland, OR: Western Center for Drug-Free Schools and Communities.

Delinquency and alcohol and other drug abuse are known to emerge from the same pattern of social, family, and personal risk factors—high levels of family disruption, low levels of social conformity, family history of criminality or substance abuse, and peer deviant involvement. Beyond this common origin, the link is not clearly understood. There is very little evidence that alcohol and other drug use is related to engaging in violent crimes. Still, given the shared risk factors, interventions to reduce the likelihood of initiation of alcohol and other drug use will likely also reduce the likelihood of delinquent behavior.

156 Powers-Noland, M., Kryscio, R., & Riggs, R. (1990). **Use of snuff, chewing tobacco, and cigarettes among adolescents in a tobacco producing area.** *Addictive Behaviors, 15*(6), 517-530.

This study describes the prevalence and patterns of smokeless tobacco use and cigarette use among adolescents with a specific focus on those living in a high tobacco production area. The subjects were 582 male and 485 female students in grades 7 through 12, with 54 living in a rural area and the remainder living in an urban area. Self-reports of tobacco usage were validated using biochemical tests. High smokeless tobacco usage rates were found among non-metro males - 90 had tried one or more smokeless tobacco products and 33 had used at least one of the products in the last 6 days. Students' tobacco usage increased dramatically as the degree of personal involvement in raising tobacco increased. Of senior high boys who had household involvement in tobacco, 100 had tried snuff and 42 had used it in the last 6 days; 80 had tried cigarettes and 53 had used them in the last 6 days. some other results were: 1) use of snuff was more popular than chewing tobacco, 2) the average grade for initiation to tobacco was the fourth grade for non-metro students and the fifth grade for metro students, and 3) a large number of male smokeless users also reported cigarette use. Students from tobacco

raising households are at high risk for tobacco use. Future research should focus on effective prevention methods for high risk students.

157 Prendergast, M., Austin, G., & Miranda, J. de. (1990, June). ***Substance abuse among youth with disabilities.*** Prevention research update 7. Portland, OR: Western Regional Center for Drug-Free Schools and Communities. Reprinted by Wisconsin Clearinghouse, Madison, Wisconsin.

Very little research has been done to determine the extent and patterns of substance use among the disabled in general, much less among disabled youth. Recent literature is summarized, with emphasis on issues of prevention and education. Children with disabilities tend to belong to tightly-knit peer groups, where peer influences to use drugs, if present, are much stronger than in other peer groups. People with disabilities may be at much higher risk for substance abuse than the general population because they often experience chronic pain, isolation, loneliness, boredom, and problems with employment and social discrimination.

158 Pruitt, B. E., Kingery, P. M., Mirzaee, E., Heuberger, G., & Hurley, R. S. (1991). **Peer influence and drug use among adolescents in rural areas.** *Journal of Drug Education, 21*(1), 1-11.

A sample of 1,004 students in grades 8 and 10 from 23 small Central/East Texas communities was assessed to determine: (1) their perception of the number of friends who use drugs; (2) the amount of information they received about drugs from their friends; and (3) the connection between those perceptions and drug use. A multiple regression model which included grade, gender, the degree to which friends are perceived to use drugs, and the amount of information about drugs received from friends, explained 39% of the variance in the degree to which rural adolescents were involved in drug use. An item specific analysis of the subcomponents of these composite variables explained 44% of the variance in the degree to which rural adolescents were involved in drug use. This same four-factor model accurately classified over 81% of non-drug-users and 67% of users using discriminant analysis. Students who perceived a higher degree of drug use among their friends and who received more information about drugs from their friends used drugs more frequently. Lower marijuana use in these rural areas as compared to the nation, both as a peer perception and as a fact, may protect these students to a degree from broader patterns of drug use. The findings of this study support the theory that peer pressure is related to drug abuse, even in rural areas.

159 Rather, B. (1990). **Using the Alcohol Expectancy Questionnaire—Adolescent Form to predict college drinking: Long versus short forms.** *Addictive behaviors, 15*(6), 567-572.

This study reports the development of a short form of the Alcohol Expectancy Questionnaire—Adolescent Form, consisting of 27 items measuring expectations of enhanced social behavior and enhanced cognitive and motor functioning. The goals of this study are to examine whether the AEQ—A can be used in a college population, and whether a shortened version is a reliable and valid substitute. The reliability and predictive validity of this instrument was assessed in a college population by replication of previous work predicting drinking styles from expectancies. Scale 2 of the short form predicted drinking styles as well as the seven long form scales. The results suggest the new instrument will be useful in expediting future research.

160 Resnik, H. (Ed). (1990). ***Youth and drugs: Society's mixed messages.*** OSAP prevention monographs 6. (DHHS Publication No. ADM 90-1689). Washington, DC: U.S. Government Printing Office.

The ways in which young people are affected by the mixed messages that come from private enterprise, advertising, and society's definition of the behavioral norm are discussed, and a new approach to prevention is suggested that addresses these environmental factors.

161 Rey, K. H., Faegre, C. L., & Lowery, P. (Eds). (1990). ***Prevention research findings: 1988.*** OSAP prevention monograph 3. (DHHS Publication No ADM 89-1615). Washington, DC: U.S. Government Printing Office.

At the First National Conference on Prevention Research Findings: Implications for Alcohol and Drug Abuse Program Planning, held March 26-30, 1988, in Kansas City, Missouri, the following recommendations were made: to acknowledge the need for another research conference on special populations; to identify minority researchers, to disseminate research information, to plan sensitized approaches to multi-cultural issues, and differences regarding high- or at-risk populations when designing research, developing programs, or selecting projects related to prevention; to establish a partnership with researchers; to expand prevention networking activities; to encourage more research; to develop strategies for the evaluation of prevention programs; to increase the involvement of ethnic populations in research and technology transfer; to translate research findings and program evaluations into political language; to reinstitute training systems for prevention experts.

162 Rhodes, J. E., & Jason, L. A. (1990). **A Social stress model of substance abuse.** *Journal of Consulting and Clinical Psychology, 58*(4), 395-401.

The social stress model provides a framework for detecting protective factors that may contribute to adolescent's resiliency when confronted with compelling influences to engage in substance abuse. Parameters of the model were tested in 2 urban high school samples of Black, White, and Hispanic adolescents aged 12 to 14 years. Measures designed to detect the relative influence of stress, social networks, social competencies, and community resources on levels of student usage were completed at the beginning and at the end of the school year. The parameters of the model, estimated using Lisrel 7, indicated that the pathway from family characteristics to usage and from assertion to usage were significant. The paths from the remaining hypothesized variables were not significant. Parents who model non-use or socially appropriate use of alcohol and medications and who provide consistent support and supervision appear to have fewer children who become seriously involved in drugs. Results indicate that prevention programs should include the family, and focus on improving opportunities for youth to develop supportive parental and additional or compensatory pro-social relationships.

163 Rice, D. P., Kelman, S., Miller, L. S., & Dunmeyer, S. (1990). ***The economic costs of alcohol and drug abuse and mental illness: 1985.*** (DHHS Publication No. ADM 90-1694). Washington, DC: U.S. Government Printing Office.

Data is provided which measures as precisely as possible the economic costs to society of alcohol abuse, drug abuse, and mental illness, three-related behavioral disorders, by estimating the economic costs for 1985. Age breakdowns are provided for much of the data. In addition, the literature is reviewed on the economic costs of related illnesses, with emphasis on students.

164 Ringwalt, C. L., & Palmer, J. H. (1990). **Differences between White and Black youth who drink heavily.** *Addictive behaviors, 15*(5), 455-460.

This study compares the attitudes and beliefs of White and Black adolescents who drink heavily. The study's sample comprises 1,533 youth who responded in 1987 to a survey of 10,259 7th to 12th grade students, and reported that they had gotten drunk at least six times within the previous year. The ratio of Blacks to Whites decreased with drinking severity. Controlling for age, sex, and living situation, a logistic regression revealed that Blacks were significantly more likely than Whites to believe that getting drunk would lead to health problems and that alcohol is addicting. Blacks were also more concerned than Whites about their parents' disapproval of their drinking alcohol, while Whites were more concerned than Blacks about their friends' disapproval. The study suggests that programs targeted toward Black youth who drink heavily should focus less on enhancing peer refusal skills and more on ensuring that Black parents and other adults make explicit their negative attitudes towards alcohol use.

165 Rohrbach, L. A. (1990). ***Dissemination of school-based substance abuse prevention programs: Predictors of program implementation.*** (Unpublished doctoral dissertation, University of Southern California, Los Angeles). *Dissertation Abstracts International, 50*(7), 2873-B.

Experimental trials of psychosocial-based substance abuse prevention programs have shown that they are effective in reducing the onset of use of tobacco, marijuana, and alcohol among young people. 48 grade 5 teachers from 4 school districts in the Los Angeles area were surveyed to test a conceptual model of factors associated with teacher implementation of innovative substance abuse prevention programs. The second purpose was to test the efficacy of two dissemination strategies. Results indicated that differences between brief- and extended-training recipients in beliefs about the program, self-efficacy, integrity of program delivery, and quantity of delivery were not significant. There was no main effect for the principal intervention, although there was a trend for it to have a positive impact on implementation. Analyses of the implementation model indicated that young teachers, who were enthusiastic about the program, had good general teaching skills, strong self-efficacy, good control in the classroom, and a nonauthoritarian teaching style, delivered the program with the highest integrity. Program integrity was positively associated with short-term program outcomes. The results imply that dissemination of psychosocial-based programs may be most effective when selected teachers are recruited and trained to implement them.

166 Rolett, V., & Kinney, J. (Eds). (1990). ***How to start and run an alcohol and other drug information centre: A guide***. (DHHS Publication No. ADM 90-1673). Washington, DC: U.S. Government Printing Office.

A collaborative effort of the Project Cork Institute, Substance Abuse Librarians and Information Specialists, the World Health Organization, and the U.S. Office of Substance Abuse Prevention provided basic information for governments, organizations, and treatment and prevention centers throughout the world so that alcohol and other drug information can be effectively organized, retrieved, and disseminated.

167 Rolf, J., Nanda, J., Baldwin, J., Chandra, A., & Thompson, L. (1991). **Substance misuse and HIV/AIDS risks among delinquents: A prevention challenge**. *International Journal of the Addictions*, *25*(4a), 533-559.

In the United States, there is growing concern that adolescents are at increasing risk for HIV-1 infection due to recreational substance use and sexual activity. Self-report questionnaires from a sample of 224 incarcerated delinquents quantified associations between drug use, sex, and other behaviors which risk HIV-1 infection. High rates of substance use and HIV-risking behaviors were found. Significant correlations between levels of substance use and both behavioral and attitudinal barriers to HIV/AIDS prevention programming were observed. This evidence and other subgroup differences in denial of vulnerability and in practice of preventive behaviors indicate the need for different approaches to prevention. An integrated HIV/AIDS and substance misuse prevention program is discussed as a viable alternative to the usual knowledge enhancing programs.

168 Rosenbaum, E., & Kandel, D. (1990, August). **Early onset of adolescent sexual behavior and drug involvement**. *Journal of Marriage and the Family*, *52*(3), 783-798.

Event history analysis was used to investigate the dynamic relationship between drug use and sexual activity prior to age 16. The data are from the two youngest birth cohorts of the national longitudinal study of young adults, a nationally representative sample. Models were estimated separately for all males and females and among Whites, Blacks and Hispanics. When other important risk factors, including socio-demographic characteristics, family intactness, biological maturity, conventionality, and school context were controlled; reported prior use of cigarettes, alcohol, marijuana, and other illicit drugs greatly increased the risk of early sexual activity for adolescent males and females. The higher the stage of drug involvement and the earlier the reported onset of drug use, the greater the probability of early sex. These patterns appeared for each ethnic group, although they were weaker among Blacks. Implications of the findings for the "problem behavior" perspective are discussed. The identification of drug use as a highly significant potential risk factor for adolescent sexual behavior assumes special importance because of the relationship between intravenous drug use and the transmission of the HIV virus.

169 Ross, H. L., Howard, J. M., Ganikos, M. L., & Taylor, E. D. (1991). **Drunk driving among American Blacks and Hispanics.** *Accident Analysis and Prevention, 23*(1), 1-11.

Literature is reviewed to determine the extent and nature of minority group involvement in drunk driving. Most of the research supports the view that American Blacks and Hispanics are disproportionately more likely to be drunk drivers. However, the evidence is not fully consistent. The general relationship seems to be reduced or even reversed for minority youth. Furthermore, studies based on self-reported behavior contradict those based on official statistics such as alcohol-related deaths, traffic arrests and accidents. Self-reports generally show less drunk driving among the minority groups.

170 Rowe, D. C., & Rodgers, J. L. (1991). **Adolescent smoking and drinking: Are they "epidemics?".** *Journal of Studies on Alcohol, 52*(2), 110-117.

During adolescence, cumulative prevalences of ever using alcohol and ever smoking a cigarette increase systematically and dramatically. A statistical theory of the transmission of epidemic infections disease was used to model life-time prevalences of smoking and drinking. Alcohol use prevalences fit closely to a logistic curve used to model an epidemic process that assumed adolescents have random contacts with one another each year. An "adequate contact" will convert a nondrinker to drinking status if he/she is contacted; drinkers average 0.48 adequate contacts per year. Smoking prevalences were fit assuming both that the entire population was "at risk" and that some individuals were "immune"; the mean contact parameter was 0.28 for smoking if no immune class was assumed and 0.77 if immune class was assumed. Extensions of these epidemic process models could include individual differences in contact rates and transitions among several smoking or drinking statuses (e.g., nonuser, experimenter, regular user, and recovered user). Results indicate that an "epidemic" process may help explain the prevalence of experimentation with smoking and drinking during adolescence, but fits better for drinking than for smoking.

171 Sarvela, P., Pape, D., & Odulana, J. (1990, May). **Drinking, drug use and driving among rural Midwestern youth.** *Journal of School Health, 60*(5), 215-219.

Data concerning self-reported driving after drinking or using other drugs were collected from 3,382 junior and senior high school students in rural Central and Southern Illinois. Drinking, drug-use, and driving increased steadily with age, with 42 of the 12th-grade class indicating they had driven a car at least one time in the past 6 months after drinking or using other drugs. Riding with a driver who had been drinking also increased with age. Slightly more females had ridden in a car with a driver who had been drinking than males, while males reported higher rates of driving after drinking or using other drugs than females. Frequency of alcohol use variables were the most powerful indicators of self-reported driving after drinking or using drugs in this sample.

172 Sarvela, P. D. (1990, December). **Age of first use of drugs among rural Midwestern youth.** *Human Services in the Rural Environment, 13*(3), 9-15.

Among 3,907 rural Illinois students in grades 7-12, ages at first use for alcohol, tobacco, and drugs were lower than national averages. Specific drug and alcohol education programs should be implemented before age of first use for 10% of students.

173 Savage, M., & Stickles, J. (1990). **Adolescent and counselor preferences for recovering vs. non-recovering alcoholism counselors.** *Journal of Adolescent Chemical Dependency, 1*(2), 117-138.

Surveys were given to two groups of New Jersey high school students, and to working counselors and graduate counseling students, in order to study counselor preferences and expectations of the counselor's effectiveness in alcoholism counseling. Results indicated that a large percentage of subjects preferred a recovering alcoholism counselor, and also expected the recovering counselor to be more effective. The preference for the recovering counselor was greater among recovering subjects than non-recovering, but their expectations of effectiveness for the recovering counselor was not higher.

174 Schiff, M., & Caviola, A. (1990). **Teenage chemical dependence and the prevalence of psychiatric disorders: Issues for prevention.** *Journal of Adolescent Chemical Dependency, 1*(2), 35-46.

The initial figures indicating teenage chemical use, misuse, and dependence with coexisting psychiatric disorder are investigated because of increasing dual-diagnosis admissions to medical, chemical dependence, and psychiatric inpatient units. A group of chemically-dependent adolescents is further studied in comparison to a group of non-chemically-dependent high school students. Data shows significantly more suicide attempts, early childhood abuse incidents, previous psychiatric interventions, special education classifications, and familial divorce and familial alcoholism in the chemical dependency group. Links to dual-diagnosis results are discussed. Primary and secondary prevention discussion and conclusions follow from the data and its elaboration.

175 Schilling, R., & McAlister, A. (1990). **Preventing drug use in adolescents through media interventions.** *Journal of Consulting and Clinical Psychology, 58*(4), 416-424.

The communication media, and the broadcast media in particular, have been disseminating an increasing volume of anti-drug messages over the past several years. Many business leaders believe that the media can help to reduce drug use, and they have supported a nationwide effort to highlight the dangers of illicit drug use on the airwaves and in newspapers and magazines. The efficacy of media-based efforts to prevent adolescent drug use is considered, selected theories and research are reviewed, and suggestions are made for integrating social and behavioral theory and research into media prevention strategies. It is concluded that scientists and interventionists could do much to improve on current research and development in this prevention arena, within the limits of what is possible to achieve through mass communications as presently constituted in the United States.

176 Schuckit, M. A., & Schuckit, J. (1990). Substance use and abuse: A risk factor in youth suicide. In L. Davidson, & M. Linnoila (Eds.), ***Report of the Secretary's Task Force on Youth Suicide: Volume 2: 1989***. Rockville, MD: U.S. Department of Health and Human Services.

The relationship between the use and abuse of psychoactive substances and adolescent suicidal behaviors is discussed. Headings include: (1) epidemiology of suicide attempts and completions; (2) substance use/misuse and suicide risk, a direct association; (3) alcohol, drugs, and suicide attempts, a general discussion; (4) alcohol, drugs, and suicidal behavior among adolescents; (5) more indirect evidence connecting drugs and alcohol with suicidal behavior; (6) personality disorders; (7) major psychiatric disorders; and (8) substance misuse, suicidal behavior and the family. It is concluded that the use of controlled substances and/or alcohol is frequently a means of attempted self-harm, particularly among young women, with the lifetime risk for completed suicide being 15% among alcoholics and 10% among drug abusers. In addition, adolescents have an increased rate of suicide, with a close relationship between substance misuse and the number and severity of suicide attempts.

177 Schwartz, R., & Wirtz, P. (1990, January). **Potential substance abuse detection among adolescent patients using the Drug and Alcohol Problem (DAP) quick screen, a thirty-item questionnaire**. *Clinical Pediatrics*, *29*(1), 38-43.

An abbreviated version of a previously field-tested, self-administered, brief screening test (the thirty-item Drug and Alcohol Problem quick screen) was administered to 355 consecutive middle-class adolescent patients seen at a five-pediatrician group-practice setting. Of the 96% (n=341) who completed the screening questionnaire, 89% wrote in their names in the space provided for that purpose; 52 subjects responded yes to six or more items in the current study. Based on a previous study comparing scores from 200 adolescents in the same pediatric practice with answers from 100 identified adolescent drug abusers at a drug abuse treatment facility, those patients with a score of 6 or more were considered high-risk for red-flag behaviors, particularly drug or alcohol abuse. 40 of those patients who scored six or greater (77%) identified themselves by name.

178 Schwartz, R. H., Luxenberg, M. G., & Hoffmann, N. G. (1991, January). **"Crack" use by American middle class adolescent poly-drug abusers**. *Journal Of Pediatrics*, *118*(1), 150-155.

A 77-item questionnaire on cocaine and "crack" use patterns, and on the addictive, medical, and criminal consequences of such use, was completed by 464 largely white, middle class, suburban, teenage drug abusers registered in seven geographically-disparate outpatient treatment facilities. Of the 138 who smoked crack, 87 were designated as experimenters; 20 were in an intermediate group; and 23 were heavy users. Sixty percent of heavy users progressed from initiation of crack use to its use at least once a week in less than three months. Almost 50 of the 87 experimenters and nearly all the 23 heavy users recalled preoccupation with thoughts of crack, rapid loss of the ability to modulate their use of the drug, and rapid development of pharmacological tolerance. Suspiciousness, mistrust, and depression were associated with the increasing use of crack. Seizures occurred in none of those who used cocaine by snorting it intranasally, in contrast to 1 of the experimenters and 9 of the 43

respondents who had smoked crack at least 10 times. Only 7% of the 87 experimenters, but almost 25% of the 43 who smoked crack more frequently, had injected cocaine intravenously. The use of crack by middle class adolescents is associated with rapid addiction and with serious behavioral and medical complications.

179 Segal, B. (1990). **Drug-taking behavior among school-aged youth: The Alaska experience and comparisons with lower-48 states.** *Drugs & Society, 4*(1/2), 1-174. (Comprises entire double issue of journal edited by Segal).

Research was undertaken to monitor drug-taking behavior of adolescents, specifically estimating prevalence, drug preferences, and identifying trends. There is comparison of Alaska to the lower 48 states, with Alaskan youth found to have stronger preferences for alcohol, marijuana, and tobacco over other drugs. There appear to be significant changes over time, but it is possible that these might be attributable to changes in availability.

180 Sellers, C. S., & Winfree, L. T. (1990). **Differential associations and definitions: A panel study of youthful drinking behavior.** *International Journal of the Addictions, 25*(7), 755-771.

Selected elements of social learning theory were tested using a panel of public school students residing in a small southwestern city. Specifically, the drinking habits of 373 middle school and 282 high school students were examined at time 1 and time 2 as were changes in their attitudes, orientations, and patterns of drinking. We evaluated the assertions of social learning theory's proponents concerning its processual aspects. The results were largely consistent with the principles of social learning, although the drug-related messages conveyed by both parents and significant other adults played only minor roles in the process for either group. The notion that the process of learning to drink is not uniform throughout the secondary school experience was supported. Personal pro-drug or anti-drug orientations, acquired through social learning and from peers, seem to be more important to predicting actual use than learning to "just say no."

181 Sharp, J. G. (1990). ***Relationship between adolescent substance abuse and family functioning.*** (Unpublished doctoral dissertation, University of California, Berkeley). *Dissertation Abstracts International, 50*(10), 3159-A.

As part of a federally-funded study of adolescent substance abuse, individual and family functioning were assessed before and after 16 weeks of Structural-Strategic Family Therapy. Family functioning was assessed via two observer-rated measures (Bleyer's Clinical Rating Scale and the Beavers-Timberlawn Family Evaluation Scale) and via a self-report measure (FACES). Substance abuse was assessed via interview questions with teenagers and with their parents. For comparison with the families in treatment, a non-clinical sample of families was recruited and evaluated at four-month intervals. As predicted, clinical families were found to be more dysfunctional than non-clinical families on a broad range of variables. It was also found that adolescent substance abuse diminished during treatment. However, there was little evidence of improvement in family functioning during the course of treatment, and no support for the hypothesis that decreases in substance abuse would be associated with improvements in family functioning. The lack of evidence of changes in family functioning may have resulted

from the limitations of the measures employed in this study. Although existing measures allow us to categorize families and to differentiate between distinct samples, they may not be sophisticated enough to inform us about how families change during brief therapy. Qualitative methods may be better suited for this task.

182 Shedler, J., & Block, J. (1990, May). **Adolescent drug use and psychological health: A longitudinal inquiry.** *American Psychologist, 45*(5), 612-30.

The relation between psychological characteristics and drug use was investigated in subjects from Northern California studied longitudinally, from preschool through age 18. By virtue of the prospective nature of the resulting data, inferences can be drawn about the antecedents of drug use that cannot be made from retrospective, cross-sectional, or short-term panel studies. Adolescents who had engaged in some drug experimentation (primarily with marijuana) were the best-adjusted in the sample. Adolescents who used drugs frequently were maladjusted, showing a distinct personality syndrome marked by interpersonal alienation, poor impulse control, and manifest emotional distress. Adolescents who, by age 18, had never experimented with any drug were relatively anxious, emotionally constricted, and lacking in social skills. Psychological differences between frequent drug users, experimenters, and abstainers could be traced to the earliest years of childhood and related to the quality of parenting received. The maladjustment of frequent users bore more resemblance to abstainers than to experimenters. The findings indicate that (1) problem drug use is a symptom, not a cause, of personal and social maladjustment; and (2) that the meaning of drug use can be understood only in the context of an individual's personality structure and developmental history. In American society, drug experimentation is more common than lifelong abstinence, and thus is statistically, at least, normative, while abstinence is statistically deviant. Moreover, adolescence, as a period of transition and individualization, is normally a time of experimentation, exploration, and testing boundaries and limits; hence it should be neither surprising nor alarming that healthy, inquisitive adolescents try marijuana. This is not to say that trying marijuana or other drugs makes the adolescent healthy, but that the curiosity which leads to experimentation is healthy. It is suggested that current efforts at drug prevention are misguided to the extent that they focus on symptoms, rather than on the psychological syndrome underlying drug abuse. Current social policy seems to follow from the assumption that peer influence leads to experimentation, which in turn leads to abuse. This assumption is clearly undermined by the present data. Drug education efforts attempting to teach adolescents to "just say no" are flawed in that (1) they pathologize normative experimentation with drugs; and (2) they trivialize the psychological underpinnings of drug abuse, the triad of alienation, impulsivity, and distress. It would be better to address this triad directly, as the cause of broader social problems including drug abuse, by encouraging sensitive and empathetic parenting, at building childhood self-esteem, fostering sound interpersonal relationships, and promoting involvement and commitment to meaningful goals. While these goals may not have the immediate appeal of a frontal attack on "Drugs," but they may reap greater individual and social benefits in the end.

183 Silverman, W. H. (1990). **Intervention strategies for the prevention of adolescent substance abuse.** *Journal of Adolescent Chemical Dependency, 1*(2), 25-34.

Although substance abuse among adolescents is a complex problem, intervention models have been designed to address the extent and depth of the problem. Because most adolescents

experiment with drugs, such interventions must be broadened and multi-level and involve the teen, peers, parents, and the school. Efforts should be focused on the widely used drugs. The two most successful intervention strategies have been the problem-solving and the social-competency-building approaches. Several model programs are reviewed. Community-wide prevention programs are proposed as an emphasis for future efforts, particularly those that make use of the media.

184 Skager, R., Austin, G. A., & Frith, S. L. (Eds). (1990, November). ***Biennial state-wide survey of drug and alcohol use among California students in grades 7, 9, and 11, Winter 1989-90: Report to the Attorney-General.*** Sacramento, CA: Office of the Attorney-General, California Department of Justice.

The findings are reported of California's third biennial state-wide survey of alcohol and other drug use among students in grades 7, 9, and 11, conducted in Winter 1989-90. The sample consisted of 44 senior high and 43 intermediate schools representative of public schools in the state with respect to geographical region, school enrollment, ethnicity, and socioeconomic status. A total of 6,282 students participated. Data is provided on use prevalence, experiences and values relevant to use, including students' perceptions of peer and parental attitudes and expectations, as well as sources and availability of drugs, parental awareness of drug use, and effects of drug education programs. The findings revealed a drop in alcohol consumption among students in all three grade levels since the last survey in 1987-88. Further declines were also registered in the use of the most popular other drugs among older students, and there were parallel drops in the percentages of students who were drunk or high. However, the results provided no indication that alcohol and other drug use in the state was in rapid decline. In particular, it was evident that relatively large subgroups of high-risk users and high levels of alcohol consumption were persistent problems that needed to be addressed.

185 Smart, L. S., Chibucos, T. R., & Didier, L. A. (1990). **Adolescent substance use and perceived family functioning**. *Journal of Family Issues, 11*(2), 208-227.

Substance use and levels of cohesion and adaptability were assessed in three consecutive high school freshman classes (N=1,082) in a small midwestern city. As predicted, adolescents who perceived their families to be extreme on cohesion and adaptability (measured by FACES II) were more likely than adolescents from balanced and mid-range families to use marijuana, alcohol, tobacco, depressants, and psychedelics. Inconsistent results were found for cocaine use. Adolescents from extreme families were especially vulnerable to substance use when a family member was perceived as having a drinking problem.

186 Smith, L. K. (1990). ***Study of several issues related to adolescent alcohol use: Parental participation in research, frequent heavy drinking, subjective expected utility and relationships among risk factors.*** (Unpublished doctoral dissertation, Ohio State University, Columbus). *Dissertation Abstracts International, 50*(12), 6894B.

Four issues related to adolescent alcohol use were studied among 619 high school students in grades 10-12. Parents of children included in the study were recruited by mail. The first issue concerned parental participation in research and ways to increase it. Parents who received money in advance were more likely to complete questionnaires than parents who received a simple request or a promise of $5.00 to complete the questionnaire. The second issue concerned the question of whether there exists a subgroup of adolescents who drink heavily and frequently but experience few alcohol-related problems. Based on the adolescents' self-report data, the existence of such a subgroup was not indicated. The third issue concerned an adaptation of Bauman's SEU scale for use with older adolescents and an analysis of whether SEU scales (which assess both expectancies about the consequences of alcohol use and evaluations of how aversive/desirable the consequences are) are more predictive and useful than simple expectancy measures. Evidence for the reliability and validity of the revised SEU scale was obtained. The SEU did not add greatly to the prediction of alcohol use compared to expectancy but did provide information useful in explaining and understanding alcohol use and abuse. The fourth goal was to investigate inter-relationships of the cognitive, familial and peer influences assessed on alcohol use. Results indicated that alcohol users experience different social influences than nonusers and that alcohol use is associated with a lack of concern regarding negative consequences of alcohol use.

187 Stein, S. L., Garrett, C. J., & Christianson, D. (1990). **Treatment strategies for juvenile delinquents to decrease substance abuse and prevent adult drug and alcohol dependence.** In H. B. Milkman, & L. I. Sederer (Eds.), *Treatment Choices for Alcoholism and Substance Abuse*, (pp. 225-233). Lexington, MA: Lexington Books.

The Colorado OSAP Program is described: this drug intervention program is designed to serve youths with extensive problems with substance abuse and delinquent behavior. Topics discussed include theoretical model; treatment components; project clients; and evaluation plan. Data regarding prevalence of drug use among 1986 committed juveniles (including alcohol, tobacco, marijuana, cocaine, amphetamines, hallucinogens, inhalants, heroin, pain killers, barbiturates, quaaludes, librium, ritalin, tranquilizers, and nitrous oxide) are presented in tabular form. Other tables include characteristics of drug use and delinquency factor assessment.

188 Stewart, K., & Klitzner, M. (1990). **Youth anti-drinking-driving programs.** in R. J. Wilson, & R. E. Mann (Eds.), *Drinking and driving: Advances in research and prevention*,H. T. Blane, & T. R. Kosten (series editors), The Guilford Substance Abuse Series (pp. 42-67). New York: Guilford Press.

The only proven effective measure against drinking and driving by youth are legal restrictions on driving and on the availability of alcohol to young people. This essay calls for education of

legislators and voters to encourage further regulatory response. In order to reduce deaths and injuries from drinking and driving among youth, youthful alcohol consumption per se must be reduced. Further, it is suggested that changes in social norms and values, toward greater intolerance of alcohol consumption in general and drinking and driving in particular, in society as a whole will significantly influence youth behavior.

189 Stoker, A., & Swadi, H. (1990, June). ***Perceived family relationships in drug-abusing adolescents***. Drug and Alcohol Dependence, 25(3), 293-297.

A group of 15- to 16-year-old adolescents were asked to report on their perception of their own family relationships, previous family experiences, and their perceptions of their relationships with their fathers and with their mothers. They were also asked to report on their use of psychoactive drugs. Drug users were more likely than non-users to perceive their families as distant and less involved, mistrusting and punitive, with poor communications. Fathers were more likely to be perceived as ineffective, and less significant, than mothers. Drug users reported more parental separation, divorce, re-marriage and bereavement.

190 Sutton, D., & Baker, R. F. (1990). ***Oakland Crack Task Force: A portrait of community mobilization.*** Portland, OR: Western Center for Drug-Free Schools and Communities.

The Oakland Crack Task Force (OCTF) was created by concerned citizens to combat the problems caused by crack cocaine and ensure the future existence of the family, especially the black family, using community resources and no outside funding. Goals are to educate the community about crack; identify and access prevention, intervention, treatment, and recovery resources; and implement activities designed to enhance and strengthen cultural and family values. The following standing committees are responsible for program implementation: (1) education and special events; (2) prenatal; (3) support groups; (4) organizational development; and (5) youth. Program activities have included the following: (1) monthly community seminars; (2) addict support groups; (3) a city-wide "crack summit"; and (4) youth programs. The highly successful monthly seminars are held at various churches and include entertainment, free food, and child care. Future programming will emphasize youth, education and community, foster care and extended family members, and advocacy. The following materials are appended: (1) an organizational chart; (2) seven posters advertising seminars; (3) six newspaper articles reporting program events; and (4) agendas for a community seminar and the city-wide summit.

191 Swadi, H. (1990). **Experimenting with drugs: A critical evaluation.** *Drug and Alcohol Dependence, 26*(2), 189-194.

A group of adolescent drug experimenters as defined by the frequency of use were compared to non-users and to regular users on a number of variables. These covered the patterns of use, attitudes to drug use, exposure to drugs and to drug use, and other behavioral correlates. The results indicate that experimenting with drugs indicates an unfavorable shift in adolescent behavior. Experimenters were more likely to resemble regular users especially with respect to the behavioral correlates. In the light of the results observed, the various contexts in which the term experimenting is currently being used are examined with the conclusion that usage of the term remains ambiguous, over-inclusive, unjustified, and should be abandoned.

192 Swadi, H. (1990). **Validating and improving the validity of self reports in adolescent substance misuse surveys.** *Journal of Drug Issues, 20*(3), 473-486.

Self-reports continue to be the most widely used method of data gathering in adolescent substance misuse surveys. This paper addresses the issue of validity and reliability of the data gathered using this method. The sources of error are discussed and the process of validating responses are illustrated using data obtained throughout our survey. Some suggestions are made to improve the validity of responses both in the planning and in the execution phases of surveys.

193 Sweedler, B. M. (1990). **Strategies to reduce youth drinking and driving.** *Alcohol Health and Research World, 14*(1), 76-80.

Several approaches for reducing adolescent drinking and driving are reviewed, including provisional licensing, restrictions or driving hours or curfew laws, revocation of driving privileges because of alcohol use, and restricting access to alcohol, and controlling the use of false identifications. The benefits and effectiveness of parent- supervised driving practice, license testing and driver improvement actions, night driving curfews, and the use of more stringent license sanctions for young drinking drivers than for adults are discussed. Problems associated with enforcement of measures targeting youth drivers are also considered.

194 Sweet, E. (1990). **Unattained milestones in the chemically-dependent adolescent from a dysfunctional family.** *Journal of Adolescent Chemical Dependency, 1*(2), 139-147.

Adolescents who suffer from chemical dependency frequently display signs of arrested development in many areas. Many clinicians have found that these developmental lags frequently encompass wider parameters than had been previously supposed. These include physiological, intellectual, psychosexual, psychosocial, and moral development. This presents frustration for the recovering adolescent, who is "doing all the right things" but getting nowhere. It is an equally negative experience for the counselor, who may utilize programs, techniques, and methods which brought desired results with a young adult, but affords no success with the adolescent.

195 Taub, D. E., & Skinner W.F. (1990). **Social bonding-drug progression model of amphetamine use among young women.** *American Journal of Drug and Alcohol, 16*(1 & 2), 77-95.

Social bonding theory explains less serious drug use better than use of hard drugs. The difference in prediction may be due to the omission of intervening variables between the bond and serious drug use, such as experience with minor drugs. In this study the impact of the social bond on amphetamine use is examined among a national sample of high school senior women. Included in the model is the notion of drug progression, in which individuals first use minor drugs and progress to illicit drugs. To ascertain whether the bond is mediated through use of less serious drugs, cigarettes, alcohol, and marijuana are utilized in the analysis. Among the bonding variables, religious commitment has the only significant direct effect on

amphetamines. Overall, elements of the bond explain less variance in amphetamines than in cigarettes, alcohol, and marijuana. Combining drug progression with social bonding theory substantially increases the explained variance of amphetamines.

196 Telch, M., Miller, L., & Killen, J. (1990). **Social influences approach to smoking prevention: The effects of videotape delivery with and without same-age peer leader participation.** *Addictive Behaviors, 15*(1), 21-28.

The hypothesis was tested that cigarette-smoking adoption among adolescents could be suppressed by providing school-based videotape instruction for resisting social influences to smoke. The utilization of same-age peer leaders was also varied to test whether their participation in the classroom would enhance program effects. 540 students in grade 7 at one junior high in Southern California were randomly assigned by classrooms to: videotape instruction; videotape instruction plus peer-leader involvement; or survey only. 234 students in grade 7 at a second junior high served as a measurement-only control. Assessments were conducted at the beginning and end of the academic year. Results revealed a marked suppression in the onset of both experimental and regular smoking among those students exposed to the pressure-resistance training with peer-leader involvement. Pressure-resistance training without peer-leader involvement produced a more variable and less powerful effect on students' smoking behavior. Data collected on students' use of alcohol and marijuana revealed a generalized suppression effect, albeit weaker than for tobacco, among those students exposed to the social-resistance training with peer-leader involvement. Results provide further encouraging support for the use of peer-led pressure resistance training in preventing adolescent drug use.

197 Tuakli, N., Smith, M., & Heaton, C. (1990). **Smoking in adolescence: Methods for health education and smoking cessation: A Mirnet study.** *Journal of Family Practice, 31*(4), 369-374.

To explore smoking behaviors and attitudes among adolescents a self-administered questionnaire was used to sample adolescents presenting for health care to physicians belonging to Mirnet, a network of family physicians collaborating on research across Michigan. The questionnaire was anonymous and was completed before the visit. Physicians or office nurses were asked to complete a brief face sheet on their patients' demographic information and smoking status, which was linked to the questionnaire through a code number. 27% of female patients and 16% of male patients were smoking and 57% had tried smoking. Knowledge regarding health risks of smoking was high, and the major reasons given for starting to smoke were curiosity and peer behavior. Current smokers reported greater alcohol and marijuana use; and cited problems with stress and anxiety, peer behavior, boredom, and the influence of smoking parents and relatives, as factors in continuing to smoke. Patients' suggestions for successful smoking cessation focused on peers, explicit messages through pictures, and medication.

198 Urberg, K., Shyu, S., & Liang, J. (1990). **Peer influence in adolescent cigarette smoking.** *Addictive Behaviors, 15*(3), 247-255.

A structural model relating actual and perceived peer smoking to perceived peer pressure and to adolescent cigarette smoking was developed and replicated in two independent subsamples of

the data. Data was gathered from 2334 suburban adolescents in grades 8 and 11 in a large metropolitan area. Four dimensions of peer pressure were discovered and were found to relate differentially to adolescent smoking. The major findings were that pathways representing modeling and normative pressure to smoke had roughly equal impact on adolescent smoking. Adolescents reported low levels of both normative and direct pressure to smoke cigarettes. Smoking adolescents appear to see the peer group, not encouraging them to smoke, but as not providing any discouragement for smoking. Finally, adolescents who were experimenting with smoking or were smokers overestimated the amount of smoking by their best friends.

199 Urberg, K. A., Cheng, C., & Shyu, S. (1991). **Grade changes in peer influence on adolescent cigarette smoking: A comparison of two measures.** *Addictive Behaviors, 16*(1/2), 21-28.

The effects of peer influence on adolescent cigarette smoking were investigated in a longitudinal study of 309 white, middle-class subjects in the 8th and 10th grades. Subjects provided data on their smoking behavior, the proportions of their friends who smoked, and the identity of their best friend. Data from the person named as best friend was used to measure peer smoking, rather than the adolescent's perceptions of the friend's smoking. Peer influence was defined as the difference between the subjects' smoking behavior and that of their best friend. This definition (pi1) minimized the confounding of peer influence with selective association. The effects of peer influence on change in smoking behavior were found to be stronger for 8th than 11th graders and for boys than girls. When the proportion of friends who smoke (pi2) was used as a measure of peer influence, the effects of peer influence were stronger for 11th than 8th graders. The relative merits of the two measures are discussed, and the argument is made that the difference between friend and adolescent smoking is a more appropriate measure of peer influence than the proportion of friends who smoke.

200 U.S. Department of Health and Human Services. (1990, January). ***Alcohol and health***. (DHHS Publication No. ADM 90-1656). Washington, DC: U.S. Government Printing Office.

A summary of current research findings of what we know about the effects of alcohol abuse and alcoholism and their consequences on the individual, on groups, and on society. It also provides a compendium of research hypotheses that are under investigation. In addition to summarizing current epidemiological data by age groups, chapters are devoted to diagnosis and assessment of alcohol use disorders, prevention, early and minimal intervention, and treatment.

201 U.S. Department of Health and Human Services. (1990). ***Citizen's alcohol and other drug prevention directory: Resources for getting involved.*** (DHHS Publication No. ADM 90-1657). Washington, DC: U.S. Government Printing Office.

This national directory of over 3,000 local, state, and federal agencies dealing with alcohol-and other drug-related topics is intended to be a regional volunteer guide, which ordinary citizens may use to find agencies that may need their volunteer services.

202 U.S. Department of Health and Human Services. (1991). ***Drug abuse and drug abuse research: The third triennial report to Congress from the Secretary of Department of Health and Human Services***. (DHHS Publication No. ADM 91-1704). Washington, DC: U.S. Government Printing Office.

Current knowledge of the extent of drug abuse in the United States is summarized, along with its health implications and recent advances in the prevention and treatment of drug dependence. The report focuses on the changes that have occurred in understanding the health implications of the use and abuse of illegal and legal drugs as a result of research since 1986. It is argued that dependence-producing drugs, even those with social and legal acceptability like nicotine, exact too high a price on the nation's health and welfare.

203 U.S. Department of Education. (1990). ***Learning to live drug-free: A curriculum model for prevention***. Washington, DC: United States Department of Education.

A flexible framework for classroom-based prevention is provided for Kindergarten through grade 12. The stages of child development as they relate to drug prevention are presented with facts about drugs, suggested lesson plans, and tips on working with parents and the community. A resource section is included for further information. Teachers can learn how to integrate prevention messages into their classroom presentations.

204 U.S. General Accounting Office. (1990, November). ***Drug education: School-based programs seen as useful but impact unknown: Report to the Chairman, Committee on Governmental Affairs, U.S. Senate***. Washington, DC: United States General Accounting Office.

A review of the implementation of the Drug-Free Schools and Communities Act of 1986 is presented. Specifically, the review sought to: (1) identify how school districts use funds provided under the act; (2) examine the extent to which educational programs include alcohol abuse; (3) determine how school districts assess program effectiveness; (4) obtain students' views on the drug education provided; and (5) identify state and local program officials' views on the Department of Education's program direction. The report discusses the results found in five states (California, Florida, Michigan, Ohio and Texas) and the District of Columbia. Among the major conclusions is that school districts are using a wide range of approaches but that little is known about the relative effectiveness of these approaches, or about how well the various programs and curricula reduce or prevent alcohol and other drug abuse among students. This ignorance is due in large part to the lack of rigorous program evaluations.

205 Volk, R. J. (1990). ***Family systems and adolescent drug abuse***. (Unpublished doctoral dissertation, Purdue University, Lafayette, IN). *Dissertation Abstracts International, 50*(11), 3764-A.

Causal models of adolescent substance abuse from a family systems perspective are developed using data from a large-scale family therapy efficacy grant funded by the National Institute on Drug Abuse— the Purdue Brief Family Therapy program. A structural equation modeling approach that incorporates systemic and developmental (individuation) perspectives on drug abuse is used in examining the impact of the family system on overall drug use severity and tobacco, alcohol, and marijuana use. The 111 families of adolescent substance abusers represented families of adolescent represented families of youthful drug users typically seen in treatment. Overall, the family systems causal models explained significant proportions of variance in adolescent illicit drug use but were not predictive of licit drug use. None of the family systems variables was predictive of the frequency of adolescent tobacco or alcohol use. Conversely, greater family cohesiveness and open family communication were negatively related to overall drug use severity and marijuana use. Democratic parenting styles were associated with greater marijuana use, and there was a trend that suggested that clearer intergenerational roles predict less adolescent marijuana use. Propositions based on the findings are developed, and hypotheses about the efficacy of the Purdue Brief Family Therapy program for treatment of these families are offered.

206 Vulcano, B., Barnes, G., & Langstaff, P. (1990). **Predicting marijuana use among adolescents**. *International Journal of the Addictions, 25*(5), 531-544.

The prevalence of marijuana use is contrasted with involvement with marijuana among 194 delinquent and 405 nondelinquent adolescents. The utility of an expanded version of Jessor and Jessor's 1977 problem behavior model is tested for predicting adolescent marijuana use, and the relative importance of the predictors of marijuana use are evaluated. Personality variables that were added to the Jessor problem behavior model included (1) stimulus reducing-augmenting; (2) ego strength; (3) anxiety; (4) field dependence. Results showed that delinquents reported using marijuana more often than nondelinquents. In the multiple regression analyses the expanded model explained a slightly greater percentage of the variance in adolescent marijuana use than the Jessor and Jessor model. Of the added personality variables, the Vando reducer-augmenter dimension seemed to be a particularly significant predictor. In addition, reducing-augmenting seemed to be a better predictor of involvement with marijuana than several previously used personality and demographic variables since it replaced these in the final regression equation. Perceived environment variables measuring pressure from friends to use marijuana and friends as models for marijuana use were the best predictors of marijuana use.

207 Waldron, I., & Lye, D. (1990). **Relationships of teenage smoking to educational aspirations and parents' education**. *Journal of Substance Abuse, 2*(2), 201-215.

Analysis of data for White high school seniors from the 1985 Monitoring the Future national survey indicated that students who had less educated parents or lower educational aspirations were more likely to have tried a cigarette, more likely to have adopted cigarette smoking, and

less likely to have quit smoking. These students also had more favorable attitudes toward smoking, and reported greater acceptance of smoking by their friends. In addition, the students with less educated parents or lower educational aspirations appeared to be more rejecting of adult authority and more predisposed to adopt adult behaviors, and these characteristics, in turn, were associated with smoking more. The results of multivariate analyses support the hypothesis that these students have experienced less success in school and are more likely to adopt behaviors characteristic of adults as an alternative source of status and gratification and this contributes to their higher rates of smoking.

208 Warburton, D. M., Revell, A. D., & Thompson, D. H. (1991). **Smokers of the future**. *British Journal of Addiction, 86*(5), 621-625.

Teenagers continue to be initiated into smoking, especially young women. A predictor of smoking motivation has been found to be similar in young smokers to those found in older smokers, except for the appearance of a group who are resisting the pressures against smoking. There is no evidence that the smokers of the future will be more extreme personality types than smokers of 10 or more years ago. Changes in demographic characteristics of smokers in the United Kingdom and the United States in favor of relatively more women and more smokers from the poorer socio-economic groups requires investigation into whether this is attributable to different coping requirements in these groups.

209 Wasow, E., & Mitchell, A. (1990, May). **Drug abuse prevention begins in Kindergarten**. *Principal, 69*(5), 24-27.

To be effective, a substance abuse prevention and education (SAPE) program for young children must acknowledge that such abuse is part of large societal problems. A SAPE program must reinforce school efforts by targeting the home, community, and local media and be developmentally appropriate and culture-sensitive. Strong principal leadership is essential.

210 Weintraub, S. A. (1991). **Children and adolescents at risk for substance abuse and psychopathology**. *International Journal of the Addictions, 25*(4a), 481-494.

A longitudinal study of children with an alcoholic parent may identify marker variables and early signs of substance abuse, essential for early intervention and prevention. Childhood assessment of our sample of 474 offspring, including 138 at risk for alcohol abuse and psychiatric disorders, 227 at risk for psychiatric disorder alone, and 109 children whose parents are diagnosis free, revealed greater adjustment problems and family disorganization in the risk groups, but the comorbid and pd risk groups were generally not discriminable. At follow-up in young adulthood, DSM-III disorders were more common in the risk groups, and substance abuse and antisocial personality were more frequent in the comorbid risk group.

211 Werner, M. J. (1991, February). ***Adolescent substance abuse: Risk factors and prevention strategies.*** (Maternal & Child Health Technical Information Bulletin).

A review of literature on prevention strategies indicates that both informational and "humanistic" educational approaches, used in the 1960s and 1970s, largely failed to decrease substance abuse. More successful have been school-based programs that teach adolescents peer pressure resistance and social competence skills for avoiding drug use. Effective methods include using peers in the teaching process, role playing and social reinforcements. A broader-based approach that focuses on developing generic personal and social skills has proven even more effective. This method teaches general skills such as problem solving, cognitive skills for resisting interpersonal or media influences, and skills for increasing self-control and self-esteem. The most effective prevention strategy combines elements of personal and social skills training with social influence programs. All approaches to prevention require widespread community support, including schools, mass media, parents, community organizations and health policy programming, to reinforce a consistent community norm. Many of the program evaluations have methodological shortcomings which require remedy, and future studies must standardize definitions of drug use, include appropriate control groups, and clarify variables associated with drug use attitudes, behaviors and risk factors.

212 Westermeyer, J. (1990). **Methodological issues in the epidemiological study of alcohol-drug problems: Sources of confusion and misunderstanding.** *American Journal of Drug and Alcohol Abuse, 16*(1/2), 47-55.

Epidemiological research on psychoactive substance use disorders can and sometimes does lead to conclusions that are mutually conflicting. A current example is the apparent drop in substance use among adolescents in schools, with continuing high levels of substance-associated adolescent suicide, hospitalization, and crime. In an effort to clarify such differences, the author underscores the importance of understanding the three most common epidemiological methods (official surveillance systems, social surveys, and epidemiological studies). Each has different histories, advantages, liabilities, inherent value sets, and disparate-but-overlapping purposes.

213 Western Regional Center for Drug-Free Schools and Communities. (1991, April). ***Alcohol and other drug programs: Abstracts of selected evaluation studies,***Portland, OR: Western Regional Center for Drug-Free Schools and Communities.

Reports describing programs and evaluation research in alcohol and other drug (AOD) prevention in schools and communities have been brought together in this report, for the benefit of state and local prevention practitioners. Forty-one articles published in recent years are included. Individuals charged with evaluating current programs should find it helpful to have a collection of articles relating to program evaluation.

214 Wight, J. C. (1990). **Family systems theory and adolescent substance abuse: A proposal for expanding the role of the school.** *Journal of Adolescent Chemical Dependency, 1*(2), 57-76.

Over the years, the role of schools in the United States has changed dramatically. Where once the school was responsible only for providing academic education and education-related counseling services, it now finds itself involved in the students' emotional and psychological development as well. Today, students are seeking help with personal and familial problems previously dealt with in the home. Foremost among these problems is the alarming increase in adolescent substance abuse. Although alcohol and drug education courses are commonplace, this paper proposes a two-fold program for the expansion of the school's role in the identification and rehabilitation of the substance abusing student, and challenges the school to adopt new methods of response, based on family systems theory.

215 Williams, C., Ben-Porath, Y., & Weed, N. (1990). **Ratings of behavior problems in adolescents hospitalized for substance abuse.** *Journal of Adolescent Chemical Dependency, 1*(1), 95-112.

The usefulness of the Devereux adolescent behavior rating scale (DAB) for assessing behavior problems in adolescents hospitalized for substance abuse was demonstrated using a sample of 404 adolescents admitted to inpatient substance abuse treatment units. Adolescents admitted to these units displayed multiple behavioral difficulties, which require consideration in any treatment planning. From the 15 original DAB scales, four broad-band scales measuring acting-out behaviors, psychotic behaviors, attention-seeking/expressive behaviors, and inner turmoil/frailty were developed to determine its usefulness. Age and gender differences on these four broad-band scales are discussed in terms of their clinical implications and suggestions are given for further use and research with the DAB.

216 Wilson, R. J., & Mann, R. E. (Eds.). (1990). ***Drinking and driving,*** New York: The Guilford Press.

This book identifies the major advances in understanding the drinking driver and reviews recent research on the theoretical and conceptual formulations of the drinking- driving problem and measures aimed at the prevention of drinking and driving. Among topics covered are the psychosocial characteristics of impaired drivers, reasons for adolescent drinking and driving, problem drinking and reasons for driving while impaired among adolescents. Deterrence models, enforcement of drunk driving laws and adjudication and sanctions in the United States, and breath testing programs in Australia are considered. Preventive approaches, including youth-anti-drinking-driving programs, rehabilitation programs for drinking-driving multiple offenders in West Germany, and matching of intervention strategies to specific DWI offenders are also discussed.

217 Windle, M. (1991, March). **The difficult temperament in adolescence: Associations with substance use, family support, and problem behaviors.** *Journal of Clinical Psychology, 47*(2), 310-315.

Interactions among the number of difficult-temperament factors and substance use, perceived family support, and problem behaviors wee investigated among a sample of 297 adolescents. The number of adolescent difficult-temperament factors was associated significantly with more childhood behavior problems, which suggests some continuity of disordered behavior from childhood to adolescence. Number of adolescent difficult-temperament factors also was associated with a higher percentage of substance users, lower perceived family support, higher levels of depressive symptoms, and more delinquent activity. Number of difficult-temperament factors was not associated significantly with gender or age of respondents.

218. Windle, M. (1990). **HK/MBD questionnaire: Factor structure and discriminant validity with an adolescent sample.** *Alcoholism: Clinical and Experimental Research, 14*(2), 232-237.

A somewhat revised four-factor structure emerged for the hyperactivity and minimal brain dysfunction (HK/MBD) questionnaire with a sample of nonclinical adolescents. The three factors of hyperactivity/impulsivity, antisocial/oppositional behaviors, and learning problems largely retained their factor integrity, but a distinct peer dysfunction factor replaced attentional/socialization problems with the adolescent sample. Acceptable levels of internal consistency were found for three of the factors (excluding learning problems), and inter-rater reliability between adolescents and their primary care-givers was significant for all four factors. High factor intercorrelations were reported for hyperactivity/impulsivity and antisocial/oppositional behaviors. Differential predictive relations were found between the four factors and adolescent problem behaviors. Specifically, hyperactivity/impulsivity and antisocial/oppositional behaviors were most highly correlated with externalizing symptoms such as alcohol problems, delinquency, illicit drug use, and poor school performance. Peer dysfunction was most highly correlated with internalizing, depressive symptoms. Learning problems correlated most highly with poor school performance, and moderately with alcohol problems and depressive symptoms. There were no statistically significant differences in the strength of the interrelations between the factors of the HK/MBD questionnaire and adolescent problem behaviors for males and females.

219 Windle, M. (1990). **Longitudinal study of antisocial behaviors in early adolescence as predictors of late adolescent substance use: Gender and ethnic group differences.** *Journal of Abnormal Psychology, 99*(1), 86-91.

Data from the National Longitudinal Youth Survey (NLSY) were analyzed to study interrelationships between antisocial behaviors in early adolescence (ages 14-15) and late adolescent alcohol and other drug use 4 years later (when adolescents were 18-19). Correlations between classes of antisocial behaviors in early adolescence and substance use in late adolescence were of higher magnitude and more uniform for men than for women. For women, property offenses (e.g., vandalism) in early adolescence were more highly associated with alcohol use, alcohol-related problems, and illicit drug use in late adolescence than with either status offenses or transgressions against persons. Multiple regression analyses indicated that early-adolescent substance involvement was a significant predictor of late-adolescent

alcohol and drug use. Additional significant predictors included early adolescent general delinquency, male gender, and non-Black ethnicity.

220 Windle, M., Miller-Tutzauer, C., Barnes, G. M., & Welte, J. (1991). **Adolescent perceptions of help-seeking resources for substance abuse.** *Child Development, 62*(1), 179-189.

Adolescent perceptions of help seeking social resources (parents, friends, school counselors, clergyman) they would utilize if they were having substance abuse difficulties were investigated for samples of early and middle adolescents. 8 different perceived help-seeking categories were identified, and intergroup comparisons were made with regard to gender and ethnic/racial group, and with regard to alcohol consumption, substance related problems, and school misconduct. 2 perceived help-seeking categories had the highest level of problem behaviors. The first category consisted of adolescents who identified friends as the only social resource they would utilize if they were having substance-abuse problems. The second category, referred to as social isolates, indicated that they would not utilize any social resource if they were having substance-abuse problems. There were approximately twice as many male isolates as female social isolates, and Blacks and Hispanics were highly overrepresented in the social isolate category.

221 Winters, K. (1990). **The need for improved assessment of adolescent substance involvement.** *Journal of Drug Issues, 20*(3), 487-502.

The need for improved assessment practices in the adolescent chemical dependency field is discussed. This need exists due to lack of well developed, standardized assessment tools and because of expanding demands and strains on the adolescent chemical service delivery system. Current efforts to improve the situation are also discussed.

222 Winters, K. (1990). **Clinical considerations in the assessment of adolescent chemical dependency.** *Journal of Adolescent Chemical Dependency, 1*(1), 31-52.

The number of treatment programs for adolescent chemical dependency is increasing rapidly, due to increased awareness and the push for early identification and intervention. These factors have the potential for improving service delivery, but also represent challenges to the field. There are questions about non-standardized diagnostic practices and unethical decisions involving admissions. Relevant research on clinical assessment are examined. It is found that there is no consensus on the definition of adolescent chemical dependency, and that primary disorders, which were the initial cause of chemical abuse, are often present but disregarded in treatment of dependency. A model is offered for assessment research, with three levels for problem severity, precipitating and perpetuating, and dual disabilities. Research indicated that problem severity in adolescents parallels that in adults, following a similar set of stages, so the threat of mis-diagnosis is smaller than feared. It is urged that assessment be multi-dimensional, taking into account as much information as possible.

223 Winters, P. A. (1990, December). **Getting high: Components of successful drug education programs.** *Journal of Alcohol and Drug Education, 35*(2), 20-23.

Health education was incorporated into public schools in the 1800s for the purpose of teaching the evils of alcohol and other drugs. This purpose, although expanded and modified, continues today. Ideal drug education programs have the involvement of schools, parents, and community. Teaching drug education should be an ongoing process, taught by trained professionals who use a variety of teaching methods to accommodate needs and personalities of students.

224 Workman, M., & Beer, J. (1990). **Relationship between alcohol dependency and suicide ideation among high school students.** *Psychological Reports, 66*(3), 1363-1366.

One hundred twenty-six high school students completed the MacAndrew Alcohol Scale and a modified version of the Beck Scale for Suicide Ideation. Analyses of variance (2 x 4) showed that boys were not experiencing suicide ideation any more than girls; and that suicide ideation was similar across the four grades, but that on alcohol dependency boys scored significantly higher than girls; and that scores for Grade 9 were significantly higher than those for Grade 10. The sophomores' scores on alcohol dependency were significantly lower than the freshmen's scores. One Pearson *r* of 0.28 between alcohol dependency and suicide ideation was significant, but research must explore better the associations of thoughts of suicide and drug/alcohol dependency among high school students so strategies may focus upon prevention and intervention.

225 Wright, R., & Watts, T. (1991, December). **Alcohol and minority youth.** *Journal of Alcohol and Drug Education, 36*(2), 68-72.

Minority youth who use or abuse alcohol in the United States deal with three realities using "alcohol," being "minority," and being "youth." All three dimensions are viewed by the larger society with mixed, sometimes hostile, sometimes fearful reactions. With minority youth we see fast population growth, a disproportionate percentage in poverty, dropping out of school, in the criminal justice system, and in the social welfare system. We cannot examine alcoholism among minority youth without seriously coming to grips with poverty, education, income, and life condition. Needed are more and better research, and theoretical models that help us to understand and confront this problem.

226 Yamaguchi, K. (1990). **Drug use and its social covariates from the period of adolescence to young adulthood: Some implications from longitudinal studies.** In M. Galanter (Ed.), *Recent developments in alcoholism, volume 8: Combined alcohol and other drug dependence* (pp. 125-143). New York: Plenum Press.

The dynamic relationship between drug use, especially the use of illicit drugs, and its social covariates from the period of adolescence to young adulthood is discussed, with emphasis on

longitudinal studies. In particular, the author includes a review and discussion of his collaborative studies with Kandel, which employ life-course perspectives for the analysis of natural drug and life histories of individuals based on event-history models. Five covariates are foregrounded: (1) age, (2) onset age of drug use, (3) historical period, (4) family and work roles, and (5) influence of significant others, with the dynamic interdependence between drug use and family and work roles as the major topic of discussion. The discussion also includes some insights into the issue of causation vs. selection effects regarding the influence of drug use on life-course pattern, and presents a novel aspect of indirect effects in the analysis of the determinants of drug use progression. It is concluded (1) that early initiation of marijuana usage is especially significant with regard to usage of other drugs; (2) that progression from use of marijuana to use of other drugs depends on other risk factors; (3) that young adults tend to use role selection or role socialization to overcome incompatible drug use and family roles; (4) that drug use progression is related to the length of the high-risk period; and (5) that perceptions of harm in drug use and personal disapproval of drug use in a population are correlated historically with decline in usage.

227 Yates, B. A., & Dowrick, P. W. (1991, December). **Stop the drinking driver: A behavioral school-based prevention program.** *Journal of Alcohol and Drug Education, 36*(2), 12-25.

Of all age groups, 15- to 19-year-olds have the highest rates of involvement in alcohol-related motor vehicle crashes. a prevention project focusing on the friends and peers of high-risk teenage drivers, using concepts of modeling, positive peer pressure and assertive skills training, is evaluated. During a dramatic school-wide assembly, the students themselves demonstrated their concern and ability to protect one another from harm. In their classrooms, students developed realistic strategies and practiced specific techniques to prevent a friend from drinking and driving. Post-survey results indicated that a vast majority of participating students were less likely to drive while intoxicated and more willing and confident to stop the drinking driver.

228 Yoast, R. A., & McIntyre, K. (1991). ***Alcohol, other drug abuse and child abuse and neglect.*** Madison, WI: Wisconsin Clearinghouse, University of Wisconsin.

The relationships between child abuse and neglect and alcohol and other drug abuse have achieved a kind of common knowledge status among practitioners in both fields and in social services in general. Unfortunately, where these linkages are asserted it is not clear whether these are purely statistical in nature, correlations, causes and effects, or simply coincidental similarities between two phenomena that often look the same. For the most part, substance abuse and child abuse and neglect are separate phenomena. Children at high risk for maltreatment are at higher risk than other children for a variety of other problem, including alcohol and drug problems. Children from substance-dependent families may generally be at higher risk than others for all forms of abuse and neglect, but other risk factors must also be taken into account. Families with both chemical dependency and child maltreatment are likely to have children with more problems than families with maltreatment or dependency alone.

229 Young, C. (1991, December). **Alcohol, Drugs, Driving and You: A comprehensive approach to prevent adolescent drinking, drug use and driving**. *Journal of Alcohol and Drug Education, 36*(2), 20-25.

Alcohol, Drugs, Driving and You (ADDY) is a comprehensive program designed to prevent adolescent drinking, drug use, and driving. Program evaluation based on customer surveys indicated that ADDY increases student knowledge about alcohol's effect on driving performance, heightens student awareness about legal and personal consequences of driving or riding with someone who is under the influence of alcohol or other drugs, and encourages students to think about and plan their course of action before being faced with impaired driving situations.

230 Zur, J., & Yule, W. (1990). **Chronic solvent abuse: 2. Relationships with depression**. *Care, Health and Development, 16*(1), 21-34.

Twelve adolescent males with a history of chronic solvent abuse were compared with 12 delinquent controls on a structured interview concerning their history of solvent abuse, drug and alcohol abuse, and on a self report inventory of depression. Solvent abusers had histories of severe social and emotional deprivation, and reported higher rates of depression. This was most particularly true of the most chronic abusers of solvents. These findings did not reflect any referral bias and it is concluded that the association between chronic solvent abuse and depression is a real one. Psychological, social work and psychiatric services need to take the presentation of chronic solvent abuse more seriously.

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